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O.U.7

M R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 1

1 PLACE OF DEATH: (County) Suffolk; (City or Town) Winthrop; No. Winthrop Community Hosp St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ida Welch
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR):

(a) Residence, No. 15 Otis St. Winthrop St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution (Before death) Hosp. (Specify whether) years months days. In this community yrs. mos. days. 3 weeks

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: ~~M~~ F

4 COLOR OR RACE: W

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Martin C. Welch (Husband's name in full) (Give maiden name of wife in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 70 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: At home

10 Industry or Business: —

11 Social Security No. —

12 BIRTHPLACE (City) Boston (State or country) Mass.

PARENTS

13 NAME OF FATHER Donald Falconel

14 BIRTHPLACE OF FATHER (City) — (State or country) Scotland

15 MAIDEN NAME OF MOTHER Mary McCormick

16 BIRTHPLACE OF MOTHER (City) — (State or country) Scotland

17 Informant Arthur Perrin (Address) 61 Warren St. Medford Relation, if any (Friend)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter G. Baker
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 1/4/48 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan. (Month) 4 (Day) 1948 (Year)

19 I HEREBY CERTIFY, that I attended deceased from Dec. 28, 1947, to Jan 4, 1948. I last saw her alive on Jan 4, 1948, death is said to have occurred on the date stated above, at 1.10 P m.

Immediate cause of death: Cerebral Hemorrhage — Duration: Sudden

Due to: Chronic hypertension — Duration: 4.5 years

Due to: —

Other conditions (Include pregnancy within 3 months of death): —

Major findings: Of operations: none; Date of —; Of autopsy: none; What test confirmed diagnosis? Clinical Signs

IMPORTANT Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No. If so, specify.
(Signed) Daniel J. O'Brien M.D. M. D.
(Address) Winthrop Date Jan 4 1948

21 Place of Burial, Cremation or Removal: Mt. Calvary Boston (City or Town)
DATE OF BURIAL Jan. 8 1948

22 NAME OF FUNERAL DIRECTOR J. Dwyer Buckley
ADDRESS 867 Beacon St. Boston

Received and filed JAN 7 1948 19
(Registrar)

per Mr. Buckley 4/1/48

100m-(g)-1-45-15510

If deceased was a U. S. War Veteran, G. L. Chap. 45, Section 10, requires physicians to insert a recital to that effect.

Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

RM R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 2

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Joseph Pantell (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR): No

(a) Residence, No. 19 Mermaid Ave St. Winthrop Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution Hosp. years months days. (Before death) (Specify whether) 4 hrs. 20 min. In this community 20 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: White

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of Polly Leder (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 61 Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Tailor

10 Industry or Business: Retired

11 Social Security No. None

12 BIRTHPLACE (City) (State or country): Russia

PARENTS

13 NAME OF FATHER: Israel Pantell

14 BIRTHPLACE OF FATHER (City) (State or country): Russia

15 MAIDEN NAME OF MOTHER: Goldie Cannot be Learned

16 BIRTHPLACE OF MOTHER (City) (State or country): Russia

17 Informant: Stella Caplan (Address) 19 Mermaid Ave (Relation, if any) (Daughter)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter H. Baker Chairman Mass.
(Signature of Agent of Board of Health or other)

Health Officer 1/6/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: Jan (Month) 6 (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from December 8, 1946, to Jan 6, 1948, I last saw him alive on Jan 6, 1948, death is said to have occurred on the date stated above, at 3:20 A.m.

Immediate cause of death: Cardiac Decompensation — Duration 1 day

Due to: Cerebral hemorrhage — 2 yrs

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings: Of operations: Date of:

Of autopsy:

What test confirmed diagnosis?

IMPORTANT: Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? If so, specify:

(Signed) A. N. Caplan M. D.

(Address) 16 Pearl St. E.B. Date 1-6 1948

21 Place of Burial, Cremation or Removal: Abel Pearlstein Woburn Mass. (City or Town)

DATE OF BURIAL Jan 7 1948

22 NAME OF FUNERAL DIRECTOR: Benjamin Birnbach

ADDRESS: 10 Wash. St. Boston

Received and filed JAN 7 1948 19

(Registrar)

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-45-15510

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

FORM R-302

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

30m-(b)-6-44-14607

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Cambridge (City or town making return)

Registered No. 65 3

1 PLACE OF DEATH: Middlesex (County); Cambridge (City or Town); No. Holy Ghost Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Miss Mary A. Winston (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 105 Sagamore Avenue St. Winthrop, Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) Hospital (Specify whether) 1 years 1 months 11 days. In this community 73 yrs. — mos. — days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced HUSBAND of — (Give maiden name of wife in full) (or) WIFE of — (Husband's name in full)

6 Age of husband or wife if alive — years

7 IF STILLBORN, enter that fact here. —

8 AGE 73 Years — Months — Days | If less than 1 day ... Hours ... Minutes

9 Usual Occupation: At home

10 Industry or Business: At home

11 Social Security No. None

12 BIRTHPLACE (City) (State or country) East Boston, Mass.

PARENTS

13 NAME OF FATHER: Michael Winston

14 BIRTHPLACE OF FATHER (City) (State or country): Ireland

15 MAIDEN NAME OF MOTHER: Mary Mitchell

16 BIRTHPLACE OF MOTHER (City) (State or country): Ireland

17 Informant: James Winston (Relation, if any) (Address) 105 Sagamore Ave. Winthrop

A TRUE COPY. ATTEST: Frederick H. Burke (Registrar of city or town where death occurred)

DATE FILED January 13, 1948

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: January (Month) 7, (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1946, to Jan. 7, 1948

I last saw her alive on January 7, 1948 death is said to have occurred on the date stated above, at 6.30 A. m.

Immediate cause of death	Duration
Generalized Arteriosclerosis	
Cerebral Thrombosis	14 mos.
Due to Hemplegia - right	14 mos.
Due to	

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations ... Date of ...

Of autopsy

What test confirmed diagnosis?

Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William C. Moloney, M. D.

(Address) Holy Ghost Hospital Date 1-7 1948

21 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cemetery (Cemetery), Mald. (City or Town)

DATE OF BURIAL January 10 1948

22 NAME OF FUNERAL DIRECTOR: Maurice Kirby

ADDRESS 210 Winthrop St., Winthrop, Mass.

Received and filed JAN 31 1948 19

(Registrar of City or Town where deceased resided)

2-301

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L., Chap. 48, Sec. 10, requires physicians to insert a recital to that effect.

100m-(r)-3-46-18278

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town making return)

Registrar's Number 4

I PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. 94 Somerset Avenue St. (If death occurred in a hospital or institution give its NAME instead of street and number)

2 FULL NAME Lulu Emma Newhall (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN—IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No.

(a) Residence. No. 94 Somerset Avenue St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) years months days. In this community 54 years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: widowed

5a If married, widowed, or divorced HUSBAND OF (Give maiden name of wife in full) (or) WIFE OF Rufus Newhall (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 85 Years 5 Months 22 Days | If less than 1 day Hours Minutes

9 Usual Occupation: housewife

10 Industry or Business: at home

11 Social Security No. none

12 BIRTHPLACE (City) (State or country) Milford Maine

PARENTS

13 NAME OF FATHER James Lee

14 BIRTHPLACE OF FATHER (City) (State or country) Pittston Maine

15 MAIDEN NAME OF MOTHER Nancy Stewart

16 BIRTHPLACE OF MOTHER (City) (State or country) Charleston Maine

17 Informant Sarah Lee Whorf (Relation if any) sister
(Address) 94 Somerset Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter F. Bailey M.D.
(Signature of Agent of Board of Health or other)

Health Officer 1/19/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January (Month) 15 (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 17, 1947, to Jan. 15, 1948

I last saw h[illegible] alive on Jan. 15, 1948, death is said to have occurred on the date stated above, at 11 P M.

Immediate cause of death	Duration Important
Chronic myocarditis	1 year
Due to Hypertension	2 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death) Chronic Arthritis	10 yrs Important

Major findings: Of operations Date of
Of autopsy
What test confirmed diagnosis?

Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Louis F. Salerno M.D.
(Address) 175 Pleasant St Date Jan 17 1948

21 Place of Burial, Cremation or Removal. Winthrop Cemetery, Winthrop (City or Town)
DATE OF BURIAL January 19, 1948 19

22 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop St. Winthrop

Received and filed JAN 19 1948 19
(Registrar)

A TRUE COPY ATTEST:

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

M R-301 A

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-7-46-1906a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 5

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town)

No. 88 Brookfield Rd St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Grace C. Nickerson (Sheehan)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN-IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 88 Brookfield Rd St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In hospital or institution (Before death) (Specify whether) years months days. In this community 30 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: Widowed

5a If married, widowed or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Charles N. Nickerson (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 59 Years Months Days — If less than 1 day Hours Minutes

9 Usual Occupation: Clerk

10 Industry or Business: Court House

11 Social Security No.

12 BIRTHPLACE (City) East Boston (State or Country) Mass

PARENTS

13 NAME OF FATHER Daniel J. Sheehan

14 BIRTHPLACE OF FATHER (City) Boston (State or Country) Mass

15 MAIDEN NAME OF MOTHER Elizabeth Cody

16 BIRTHPLACE OF MOTHER (City) St. Johns (State or Country) N.B.

17 Informant (Address) Mary Sheehan (Relation, if any) Sister
88 Brookfield Rd.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter H. Baker M.D.
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 1/19/48 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June (Month) 17 (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19
I last saw h alive on , 19 , death is said to have occurred on the date stated above, at 8.20 A m.

Immediate cause of death — Duration IMPORTANT

Cerebral Embolism

Due to

Due to (Mr. E. Ward Jurisdiction

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Date of

Of autopsy

What test confirmed diagnosis?

IMPORTANT — Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Charles F. Mahoney M. D.
(Address) Board of Health Date 1-18-1948

21 Place of Burial, Cremation or Removal Winthrop (City or Town) Winthrop
DATE OF BURIAL Jan. 20 1948 19

22 NAME OF FUNERAL DIRECTOR John F. O'Malley
ADDRESS Winthrop

Received and Filed JAN 19 1948 19
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a persou whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and helief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive hy the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or hy section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and helief, served in the army, navy or marine corps of the United States in any war in which it has heeu engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, he deemed to have taken place hetween February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican horder service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall hury or otherwise dispose of a human hody in a town, or remove therefrom a human body which has not heen huried, until he has received a permit from the hoard of health, or its agent appointed to issue such permits, or if there is no such hoard, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human hody and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the hoard of health or its agent aforesaid or from the clerk of the town where the hody is huried. No such permit shall he issued until there shall have heen delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required hy law to he returned and recorded, which shall he accompanied, in case of an original interment, hy a satisfactory certificate of the attending physician, if any, as required hy law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate eannot he ohtained early enough for the purpose, or is insufficient, a physician who is a member of the hoard of health, or employed hy it or hy the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused hy violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot he obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such hody shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has heen sooner ohtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The hoard of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registiation any other necessary information which can he obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died hy violence. If a medical examiner has notice that there is within his county the hody of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human hody or the ashes thereof which have heen brought into the commonwealth until he has received a permit so to do from the hoard of health or its agent appointed to issue such permits, or if there is no such hoard, from the clerk of the town where the hody is to he buried or the funeral is to he held, or from a person appointed to have the care of the cemetery or hurial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given hedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disahled hy recognized disease unrelated to any forun of injury, have died without recent medical attendance or whose physician is ahsent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly hy traumatism (including resulting septicemia), and hy the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, hut also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disahled hy recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morhid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can he known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation hy the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

RM R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 6

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town) — No. 49 Locust St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Kosrof Chudigian
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) WW I

(a) Residence. No. 49 Locust St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution ..... years months days. In this community 12 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male
4 COLOR OR RACE: white
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): married

5a If married, widowed, or divorced HUSBAND of Elmas Melidon ian
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive 45 years

7 IF STILLBORN, enter that fact here.

8 AGE 55 Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: butcher

10 Industry or Business: his own business (retired)

11 Social Security No. none

12 BIRTHPLACE (City) HARPOOT, ARMENIA
(State or country)

PARENTS

13 NAME OF FATHER Garabed Chudigian

14 BIRTHPLACE OF FATHER (City) Harpoot Armenia
(State or country)

15 MAIDEN NAME OF MOTHER Helen Berberian

16 BIRTHPLACE OF MOTHER (City) Harpoot, Armenia
(State or country)

17 Informant Elmas Chudigian (Relation, if any wife)
(Address) 49 Locust St

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter L. Baker
(Signature of Agent of Board of Health of other)

Health Officer — 1/19/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January (Month) 18 (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from December, 1942, to January 18, 1948, I last saw him alive on January 18, 1948, death is said to have occurred on the date stated above, at 1:50 P.m.

	Duration
Immediate cause of death: Coronary thrombosis	IMPORTANT 24 hour
Due to: Arteriosclerotic heart disease and aortitis	6 years
Due to: aortitis	
Other conditions (include pregnancy within 3 months of death): Gall bladder disease, Arthritis	3 mos

IMPORTANT Physician: Underline the cause to which death should be charged statistically.

Major findings: Of operations ..... Date of .....
Of autopsy .....
What test confirmed diagnosis? clinical

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) Paul Otherson M.D.
(Address) 238 Shore Drive, Winthrop Date 1/19 1948

21 Winthrop Cemetery, Winthrop, Mass.
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Jan 21 1948

22 NAME OF FUNERAL DIRECTOR Aram Bedrosian
ADDRESS 1022 Mass. Ave, Cambridge, Mass.

Received and filed JAN 22 1948 19..... (Registrar)

100M-6-2-42-8855

R. S. Ch. 46, Sec. 10. ... RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.
If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114. Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114. Sec. 46. G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

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2-301

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L., Chap. 48, Sec. 10, requires physicians to insert a recital to that effect.

100m-(r)-3-46-18278

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town making return)

Registrar's Number 7

1 PLACE OF DEATH — Suffolk (County) — Winthrop (City or Town)

No. 44 Cliff Avenue St. (If death occurred in a hospital or institution give its NAME instead of street and number)

2 FULL NAME Harry Austin Torrey (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN—IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) NO X

(a) Residence. No. 44 Cliff Avenue (Usual place of abode) St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) years (Specify whether) months days. In this community 40 years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: married

5a If married, widowed, or divorced HUSBAND OF Mabel Byrne (Give maiden name of wife in full)

(or) WIFE OF (Husband's name in full)

6 Age of husband or wife if alive 74 years

7 IF STILLBORN, enter that fact here.

8 AGE 77 Years 9 Months 10 Days | If less than 1 day Hours Minutes

9 Usual Occupation: Pensioned

10 Industry or Business: Merchants National Bank

11 Social Security No. NONE

12 BIRTHPLACE (City) (State or country) Cambridge Mass.

PARENTS

13 NAME OF FATHER Robert Torrey

14 BIRTHPLACE OF FATHER (City) (State or country) Cambridge Mass.

15 MAIDEN NAME OF MOTHER Sarah Arkerson

16 BIRTHPLACE OF MOTHER (City) (State or country) Cambridge Mass.

17 Informant Mrs. H. A. Torrey (Relation, if any Widow)
(Address) 44 Cliff Ave. Winthrop mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter G. Baker M.D.
(Signature of Agent of Board of Health or other)

Health Officer
(Official Designation)

1/21/48
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January 18, 1948 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from April, 1946, to Jan. 18, 1948

I last saw him alive on Jan 18, 1948, death is said to have occurred on the date stated above, at 7.45 P.M.

Immediate cause of death	Duration Important
Cerebral Hemorrhage	1/17/48
Due to Hypertension + Arteriosclerosis	1945
Due to	
Other conditions (Include pregnancy within 3 months of death)	Important
Major findings: Of operations	Physician
Date of	Underline the cause to which death should be charged statistically.
Of autopsy	
What test confirmed diagnosis? clinical	

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Pasquale Costanzo M.D.

(Address) 23 Maverick Sq. East Boston Date 1/20 1948

21 entombed Winthrop Cem, Winthrop
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL Jan 21, 1948

22 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop

Received and filed JAN 22 1948 (Registrar)

A TRUE COPY ATTEST:

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

M R-301 A

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-9-44-14955

Boston 2/7/48

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 8

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town) — No. Winthrop Community Hosp. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Baby (boy) Alongi
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 19 Frankfort St. St. East Boston
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) years months days. In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male
4 COLOR OR RACE: white
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: single

5a If married, widowed or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here. ~~stillborn~~

8 AGE Years Months Days — If less than 1 day: 9 Hours 11 Minutes

9 Usual Occupation:

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) (State or Country): Winthrop Mass.

PARENTS

13 NAME OF FATHER: Alfonzo Alongi

14 BIRTHPLACE OF FATHER (City) (State or Country): Italy

15 MAIDEN NAME OF MOTHER: Josephine ~~Ford~~ Peretti

16 BIRTHPLACE OF MOTHER (City) (State or Country): Italy

17 Informant (Address): Alfonzo Alongi (Relation if any: father)
19 Frankfort St. East Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter G. Baker
(Signature of Agent of Board of Health or other)

Health Officer — 1/22/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: Jan. (Month) 19 (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan. 19, 1948, to Jan. 19, 1948
I last saw him alive on Jan. 19, 1948, death is said to have occurred on the date stated above, at 2 15 p. m. 2 12

Immediate cause of death — Duration — IMPORTANT
Premature Birth (6 mos)

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations — Date of

Of autopsy

What test confirmed diagnosis?

IMPORTANT — Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) F. Lostenza, M. D.
(Address) 238 Maverick St. Date 1/22 1948

21 Place of Burial, Cremation or Removal: St. Michael (City or Town) Boston
DATE OF BURIAL Jan. 23 / 48 19

22 NAME OF FUNERAL DIRECTOR: Vincent Fabrizio
ADDRESS 9 Chelsea St. East Boston

Received and Filed 19
JAN 28 1948 (Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

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RULES OF PRACTICE

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Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

M R-301 A

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-9-44-14955

Boston 2/7/48

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 9

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. Winthrop Community Hosp. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby (♀ girl) Alongi
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN-IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 19 Frankfort St. St. East Boston
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) years months days. In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: single

5a If married, widowed or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here. ~~still-born~~

8 AGE Years Months Days; If less than 1 day 9 Hours 42 Minutes

9 Usual Occupation:

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) (State or Country) Winthrop

PARENTS

13 NAME OF FATHER: Alfonzo Alongi

14 BIRTHPLACE OF FATHER (City) (State or Country): Italy

15 MAIDEN NAME OF MOTHER: Josephine ~~Ford~~ Peretti

16 BIRTHPLACE OF MOTHER (City) (State or Country): Italy

17 Informant: Alfonzo Alongi (Relation, if any) father
(Address) 19 Frankfort St. East Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter G. Baker
(Signature of Agent of Board of Health or other)

Health Officer 1/22/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan. (Month) 19 (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan 19, 1948, to Jan. 19, 1948
Last saw her alive on Jan. 19, 1948, death is said to have occurred on the date stated above, at 2 45 P. m. 2 31

Immediate cause of death — Duration — IMPORTANT

Premature Birth (6 mos)

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations — Date of

Of autopsy

What test confirmed diagnosis?

IMPORTANT — Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) R. Cortanze, M. D.
(Address) 238 Maverick Sq. E. B. Date 1/22 1948

21 St. Michael Boston
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Jan. 23 / 48 19

22 NAME OF FUNERAL DIRECTOR Vincent Iafrano
ADDRESS 9 Chelsea St. East Boston

Received and Filed JAN 28 1948 19
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

M R-301 A

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-45-15510

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 10

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town) No. Winthrop Comm Hosp St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary (Winston) Sullivan (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. No. 15 Seymour St. St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution 2 mos (Before death) (Specify whether) years months 1 days. In this community 16 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Joseph T. Sullivan (Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 73 Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Home

10 Industry or Business: —

11 Social Security No. .....

12 BIRTHPLACE (City) (State or country): East Boston

PARENTS

13 NAME OF FATHER: Thomas Winston

14 BIRTHPLACE OF FATHER (City) (State or country): Ireland

15 MAIDEN NAME OF MOTHER: unable to obtain Unknown

16 BIRTHPLACE OF MOTHER (City) (State or country): Ireland

17 Informant (Address): Mary Sullivan 15 Seymour St. Relation, if any: daughter

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter E. Baker (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 1/21/48 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January (Month) 19 (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 10, 1945, to January 19, 1948

I last saw her alive on January 19, 1948, death is said to have occurred on the date stated above, at 9:30 a.m.

Immediate cause of death: Coronary thrombosis — Duration: IMPORTANT 25 hours

Due to: Arteriosclerotic Heart Disease — 3 years

Due to: .....

Other conditions (Include pregnancy within 3 months of death): Diabetes mellitus — 28 years

Major findings: Of operations: None

Date of .....

Of autopsy: None

What test confirmed diagnosis? Clinical + laboratory

IMPORTANT — Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Maurice Trauenstein M. D.

(Address) 502 Shirley St. Winthrop Date Jan. 19 1948

21 Place of Burial, Cremation or Removal: Holy Cross Malden (City or Town)

DATE OF BURIAL Jan 22 1948

22 NAME OF FUNERAL DIRECTOR: Maurice H. Kelly

ADDRESS: 210 Winthrop St Winthrop

Received and filed JAN 22 1948 19..... (Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which be died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

R-301 A

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 45, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-45-15510

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 11

1 PLACE OF DEATH: (County) Suffolk; (City or Town) Winthrop; No. Winthrop Com Hosp St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary E (Doherty) Dacey
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence, No. 24 Taft Ave St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) Dec. years months 1 days. (Specify whether) In this community 10 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: Married

5a If married, widowed, or divorced HUSBAND of S
(or) WIFE of Walter L. Dacey (Give maiden name of wife in full) (Husband's name in full)

6 Age of husband or wife if alive 71 years

7 IF STILLBORN, enter that fact here.

8 AGE 70 Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Housewife

10 Industry or Business: Home

11 Social Security No. none

12 BIRTHPLACE (City) (State or country) Boston

PARENTS

13 NAME OF FATHER Timothy Doherty

14 BIRTHPLACE OF FATHER (City) (State or country) Ireland

15 MAIDEN NAME OF MOTHER Catherine Daley

16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

17 Informant Walter L Dacey (Address) 24 Taft Ave (Relation, if any) husband

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter E. Baker
(Signature of Agent of Board of Health or other)

Health Officer 1/27/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January 24, 1948 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 23, 1947, to January 24, 1948
I last saw her alive on January 24, 1948, death is said to have occurred on the date stated above, at 11:25 a.m.

Immediate cause of death — Duration
Coronary Thrombosis — IMPORTANT — 16 hours
Due to Arteriosclerotic Heart Disease — 24 hrs.
Due to
Other conditions (Include pregnancy within 3 months of death) Carcinoma of breast

IMPORTANT — Physician — Underline the cause to which death should be charged statistically.

Major findings:
Of operations Amputation rt breast — Adenocarcinoma Date of July 1, 1946
Of autopsy
What test confirmed diagnosis? Clinical & Laboratory

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Maurice Francis Fin, Jr. M. D.
(Address) 562 Shirley St, Winthrop Date Jan 24, 1948

21 Place of Burial, Cremation or Removal. Winthrop (City or Town)
DATE OF BURIAL Jan 27 1948

22 NAME OF FUNERAL DIRECTOR Maurice M Kelly
ADDRESS 216 Winthrop St Winthrop

Received and filed JAN 26 1948 19
(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained herennder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

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RULES OF PRACTICE

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(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registrar's No. 12

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 5 Ocean View St St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Frederick Gould Knell
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN—IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 5 Ocean View St. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution (Before death) (Specify whether) years months days. In this community 47 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Flora B Bell
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive 68 years

7 IF STILLBORN, enter that fact here.

8 AGE 77 Years 9 Months 27 Days | If less than 1 day Hours Minutes

9 Usual Occupation: Retired

10 Industry or Business: Wholesale Picture Frames

11 Social Security No. None

12 BIRTHPLACE (City) (State or country) Cambridge Mass.

PARENTS

13 NAME OF FATHER Frederick G Knell

14 BIRTHPLACE OF FATHER (City) (State or country) Boston Mass.

15 MAIDEN NAME OF MOTHER Cecelia Blaisdell

16 BIRTHPLACE OF MOTHER (City) (State or country) Boston Mass.

17 Informant Flora Knell Wife (Relation, if any)
(Address) 5 Belcher ST Winthrop, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter F. Bakely
(Signature of Agent of Board of Health or other)
Health Officer 1/30/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan 28 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 15, 1947, to Jan 28, 1948
I last saw him alive on Jan 27, 1948, death is said to have occurred on the date stated above, at 5 A M.

Immediate cause of death: Chronic Endocarditis — Duration IMPORTANT: 5 years

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Date of
Of autopsy
What test confirmed diagnosis?

IMPORTANT Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Louis F Salerno, M. D.
(Address) 25 Pleasant St Date Jan 28 1948

21 Mt Auburn Cambridge
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Jan. 31 1948

22 NAME OF FUNERAL DIRECTOR Howard Reynolds
ADDRESS Winthrop Mass.

Received and filed FEB 9 1948 19
(Registrar)

A TRUE COPY ATTEST:

301
from the laws on back of certificate.
If deceased was a U. S. War Veteran, G. L. Chap. 48, Sec. 10, requires physicians to insert a recital to that effect.
100m-(1)-1-45-15510

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46. Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

R-301 A

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-7-46-19068

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 13

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 82 Brookfield Rd St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Margaret J. Malone Le Cour
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 82 Brookfield Rd St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) years months days. In this community 40 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: Widowed

5a If married, widowed or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of John E. Le Cour (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 85 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: Housewife

10 Industry or Business: Own Home

11 Social Security No.

12 BIRTHPLACE (City) (State or Country): Nova Scotia

PARENTS
13 NAME OF FATHER: James Malone
14 BIRTHPLACE OF FATHER (City) (State or Country): Ireland
15 MAIDEN NAME OF MOTHER: ? Rogers
16 BIRTHPLACE OF MOTHER (City) (State or Country): Ireland

17 Informant (Address): Frank LeCour (Relation, if any) Son
82 Brookfield Rd

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter J. Baker
(Signature of Agent of Board of Health or other)
Health Officer 1/30/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January 29 1948 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from April 7, 1940, to January 29, 1948
I last saw her alive on January 29, 1948, death is said to have occurred on the date stated above, at 2:30 AM

Immediate cause of death: Cerebral Hemorrhage — 2 weeks
Due to Arteriosclerosis — 5 years
Due to Senility — 2 years
Other conditions (Include pregnancy within 3 months of death): Hypostatic Pneumonia — 2 days

IMPORTANT — Physician — Underline the cause to which death should be charged statistically.

Major findings: Of operations none Date of
Of autopsy none
What test confirmed diagnosis: Clinical & lab.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Jacob J. Adams M.D., M. D.
(Address) 562 Shirley St Date Jan 29 1948

21 Place of Burial, Cremation or Removal: Winthrop (City or Town) Winthrop
DATE OF BURIAL Jan. 31 1948 19

22 NAME OF FUNERAL DIRECTOR John H. O'Malley
ADDRESS Winthrop

Received and Filed FEB 3 1948 19
(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L., Chap. 48, Sec. 10, requires physicians to insert a recital to that effect.

100m-(r)-3-46-18278

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town making return)

Registrar's Number 14

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town)

No. 175 Bartlett Road St. (If death occurred in a hospital or institution give its NAME instead of street and number)

2 FULL NAME George Jason Godfrey (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN—IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 175 Bartlett Road St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) years months days. (Specify whether) In this community 38 years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: married

5a If married, widowed, or divorced HUSBAND OF Winifred Ladd (Give maiden name of wife in full)

(or) WIFE OF (Husband's name in full)

6 Age of husband or wife if alive 65 years

7 IF STILLBORN, enter that fact here.

8 AGE 66 Years 9 Months 0 Days | If less than 1 day Hours Minutes

9 Usual Occupation: salesman

10 Industry or Business: Lawrence&klein Lumber Co

11 Social Security No. 018-01-2968

12 BIRTHPLACE (City) (State or country): Northwood Ctr. New Hampshire

PARENTS

13 NAME OF FATHER: Albert M. Godfrey

14 BIRTHPLACE OF FATHER (City) (State or country): Candia New Hampshire

15 MAIDEN NAME OF MOTHER: Julia Smith

16 BIRTHPLACE OF MOTHER (City) (State or country): Northwood Ctr. New Hampshire

17 Informant (Address): Mrs. G. J. Godfrey (Relation, if any: wife) 175 Bartlett Road, Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter G. Baker M.D.
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 2/2/48 (Date of issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January (Month) 30 (Day), 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from April 7, 1940, to Jan. 30, 1948

I last saw h alive on Jan 29, 1948, death is said to have occurred on the date stated above, at 1 P M.

Immediate cause of death: Coronary Thrombosis — Duration Important: 2 days

Due to: Hypertension — 4 yrs

Due to:

Other conditions (Include pregnancy within 3 months of death): Chronic Endocarditis — 10 yrs Important

Major findings: Of operations: Date of

Of autopsy

What test confirmed diagnosis?

Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Louis T. Salerno M.D.

(Address) 175 Pleasant St Date 1/31 1948

21 Entombed Winthrop Tomb Winthrop
Place of Burial, Cremation or Removal. (City or Town)

DATE ~~XXXXXX~~ February 2, 1948 19

22 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop

Received and filed FEB 3 1948 19

(Registrar)

A TRUE COPY ATTEST:

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

.....

FORM R-302

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m-(b)-6-44-14607

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Medford (City or town making return)

Registered No. 15

1 PLACE OF DEATH: Middlesex (County); Medford (City or Town); No. 43 Harvard Ave. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Carrie A. Rand (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 151 Pleasant St. Winthrop (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution (Before death) Nursing home (Specify whether) 3 years 6 months days. In this community 45 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): single

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 85 Years 6 Months 23 Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Retired

10 Industry or Business: Bookkeeper, Island Creek Coal Co.

11 Social Security No. none

12 BIRTHPLACE (City) Boston (State or country) Mass.

PARENTS

13 NAME OF FATHER: Daniel Rand

14 BIRTHPLACE OF FATHER (City) ..... (State or country) Maine

15 MAIDEN NAME OF MOTHER: Sarah Gailey

16 BIRTHPLACE OF MOTHER (City) ..... (State or country) Maine

17 Informant: Mrs. Russell W. Bird (niece) Relation if any (Address) 17 Brooks Park, Medford

A TRUE COPY.

ATTEST: [signature]
(Registrar of city or town where death occurred)

DATE FILED Jan. 13, 1948 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January 9 1948 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1945 to Jan. 9, 1948, I last saw her alive on Jan. 8, 1948, death is said to have occurred on the date stated above, at 9 A m.

Immediate cause of death: Chronic Vascular Myocarditis — Duration: ?yrs

Due to

Due to

Other conditions: Paralysis Agitans — Duration: 8 yrs
(Include pregnancy within 3 months of death)

Major findings:
Of operations ..... Date of
Of autopsy
What test confirmed diagnosis?

Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Harry L. Campbell M. D.
(Address) 538 High St. Medford Date 1/10 1948

21 PLACE OF BURIAL, CREMATION OR REMOVAL: Winthrop, Winthrop (Cemetery) (City or Town)
DATE OF BURIAL Jan. 12, 1948 19

22 NAME OF FUNERAL DIRECTOR: Alfred B. Marsh
ADDRESS 174 Winthrop St. Winthrop

Received and filed FEB 11 1948 19
(Registrar of City or Town where deceased resided)

FORM R-302

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m-(b)-6-44-14607

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

EVERETT
(City or town making return)

Registered No. 16

1 PLACE OF DEATH
Middlesex (County)
Everett (City or Town)
No. Whidden Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Genevieve Neville (If U. S. War Veteran, specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. Pebble Ave. St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution hospital years months 26 days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: f
4 COLOR OR RACE: white
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): single

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 45 Years – Months – Days | If less than 1 day Hours Minutes

9 Usual Occupation: Cost Clerk

10 Industry or Business: Beacon Oil Co.

11 Social Security No. 011-01-9025

12 BIRTHPLACE (City) Boston
(State or country) Mass.

PARENTS

13 NAME OF FATHER Patrick

14 BIRTHPLACE OF FATHER (City)
(State or country) Mass.

15 MAIDEN NAME OF MOTHER Catherine Lynch

16 BIRTHPLACE OF MOTHER (City)
(State or country) Mass.

17 Informant Mother (Relation, if any)
(Address)

A TRUE COPY.
ATTEST: John M. Farrell
(Registrar of city or town where death occurred)
DATE FILED 1-27 1948

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan. (Month) 22, (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from 11-18-47 1948 to 1-22 1948
I last saw her alive on 1-22 1948 death is said to have occurred on the date stated above, at 2.47A. m.

	Duration
Immediate cause of death Carcinoma of Liver	11-47
Due to Gen. Carcinomatosis	11-47
Carcinoma of Right Breast	9-46
Due to	
Other conditions – (Include pregnancy within 3 months of death)	

Major findings: Advanced Carcinoma
Of operations Rt. Breast Date of 9-1946
Of autopsy –
What test confirmed diagnosis? clin. findings

Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) J. F. Williams, M. D.
(Address) Everett Date 1-22 1948

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop, Winthrop
(Cemetery) (City or Town)
DATE OF BURIAL 1-26 1948

22 NAME OF FUNERAL DIRECTOR Frank M. Donahue
ADDRESS Charlestown

Received and filed FEB 18 1948 1948
(Registrar of City or Town where deceased resided)

RM R-302

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m-(b)-6-44-14607

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Boston
(City or town making return)

Registered No. 916 47

1 PLACE OF DEATH
Suffolk (County)
Boston (City or Town)
No. Peter Bent Brigham Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Agata Jeveli (If U. S. War Veteran, specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 215 Pleasant St. Winthrop Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution years 1 months 22 days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F
4 COLOR OR RACE: W
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Patsy Jeveli
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 69 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: Housewife

10 Industry or Business:

11 Social Security No. -----

12 BIRTHPLACE (City) Italy
(State or country)

PARENTS

13 NAME OF FATHER ----- DeNasi

14 BIRTHPLACE OF FATHER (City) Italy
(State or country)

15 MAIDEN NAME OF MOTHER ----- -----

16 BIRTHPLACE OF MOTHER (City) Italy
(State or country)

17 Informant E Jeveli (Relation Son)
(Address)

A TRUE COPY, ATTEST: Michael F. Manning
(Registrar of city or town where death occurred)

DATE FILED Jan. 30 19 48

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan. 27/48
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Dec. 5, 1947, to Jan. 27, 1948
I last saw her alive on Jan. 27, 1948, death is said to have occurred on the date stated above, at 7:10P m.

Immediate cause of death: Chronic duodenal ulcer with bleeding — Duration: 2 Yrs

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Date of

Of autopsy

What test confirmed diagnosis? Clinical

Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) N A Wilhelm, M. D.
(Address) P. Bent Brigham Hospt. Date 1-28 19 48

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Cem-Winthrop Mass.
(Cemetery) (City or Town)
DATE OF BURIAL Jan. 30/48 19

22 NAME OF FUNERAL DIRECTOR E P Caggiano
ADDRESS Winthrop Mass.

Received and filed MAR 9 1948 19
(Registrar of City or Town where deceased resided)

M R-301 A

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-7-46-19068

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 18

1 PLACE OF DEATH: Suffolk (County) Boston 3/19/48; Winthrop (City or Town); No. Winthrop Community Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME James A. Douglass (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so, specify WAR) No

(a) Residence. No. 184 Gladstone St. East Boston (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) Hospital (Specify whether) years months 3 days. In this community 72 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: Married

5a If married, widowed or divorced HUSBAND of Frances G. Neville (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 70 Years Months Days; If less than 1 day Hours Minutes

9 Usual Occupation: Retired Wire Inspector

10 Industry or Business: Boston Fire Dept

11 Social Security No. None

12 BIRTHPLACE (City) (State or Country) East Boston

PARENTS

13 NAME OF FATHER John J. Douglass

14 BIRTHPLACE OF FATHER (City) (State or Country) Ireland

15 MAIDEN NAME OF MOTHER Elizabeth McLaughlin

16 BIRTHPLACE OF MOTHER (City) (State or Country) East Boston Mass

17 Informant (Address) Frances G. Douglass (Relation if any) wife; 184 Gladstone St. E. B.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter G. Baker (Signature of Agent of Board of Health or other)

Health Office (Official Designation) 2/2/48 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February (Month) 1st (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from 24 Jan 1948, to 1 Feb 1948

I last saw him alive on 31 Jan 1948, death is said to have occurred on the date stated above, at 1.45 A m.

Immediate cause of death: Uremia — Duration: 3 days

Due to: Gastro Intestinal Hemorrhage — 9 days

Due to: Probable Metastatic Carcinoma — indefinite

Due to:

Other conditions (Include pregnancy within 3 months of death): None

Major findings: Of operations None — Date of —

Of autopsy None

What test confirmed diagnosis? Blood N.P.N

IMPORTANT — Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? If so, specify No

(Signed) John F. Collins, M. D.

(Address) Revere Mass Date 1 Feb 1948

21 Place of Burial Cremation or Removal. Holy Cross Malden (City or Town)

DATE OF BURIAL Feb 4 1948

22 NAME OF FUNERAL DIRECTOR Charles H. Treanor

ADDRESS East Boston

Received and Filed FEB 3 1948 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

M R-301 A

NOTE: WHEN PLACE OF DEATH IS IN A HOSPITAL, information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

PLACE OF DEATH

Suffolk (County) Boston 5/9/48

1 Winthrop (City or Town)

No. Winthrop Community Hosp. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 19

2 FULL NAME Mrs. Anna Maria Pisano (If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR) No

(a) Residence. No. 3 Cutler Place St. East Boston (If nonresident, give city or town and state)
(Usual place of abode)

Length of stay: In hospital or institution Hosp. (Specify whether) years months 3 days. In this community 40 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE White | 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Married

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Antonio Pisano (Husband's name in full)

6 Age of husband or wife if alive 56 years

7 IF STILLBORN, enter that fact here.

8 AGE 56 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation Housework

10 Industry or Business: at home

11 Social Security No. None

12 BIRTHPLACE (City) (State or country) Italy

PARENTS

13 NAME OF FATHER Luigi Fabiano

14 BIRTHPLACE OF FATHER (City) (State or country) Italy

15 MAIDEN NAME OF MOTHER Maria Casaletto

16 BIRTHPLACE OF MOTHER (City) (State or country) Italy

17 Informant Frank Pisano (Relation, if any Son)
(Address) 3 Cutler Pl. E. B.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the ~~burial or transit~~ permit was issued:

Walter G. Baker
(Signature of Agent of Board of Health or other)

H.O. and Tel. 6/48.
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb. 4, 1948 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 1/27/48, 19..., to 2/4/48, 19...
I last saw h... alive on 2/4/48, 19..., death is said to have occurred on the date stated above, at 2.05 P.M.

Immediate cause of death — Duration IMPORTANT
Acute Dilitation of Heart
Due to Chronic Bronchitis 1943
Due to Emphysema of Lungs (obstructive) 2/1/48
Other conditions (Include pregnancy within 3 months of death)
Emphysematous

Major findings:
Of operations
Date of
Of autopsy
What test confirmed diagnosis? Clinical

IMPORTANT PHYSICIAN Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) P. Contanzo, M. D.
(Address) 335 Meridian St. Date 2/4/ 1948

21 St. Michael's Boston
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL February 7 1948

22 NAME OF FUNERAL DIRECTOR Clarence A. Gretto
ADDRESS 304 Meridian St. E. B.

Received and filed FEB 7 1948 19...
(Registrar)

7-0155

100m-2-'40-D-729-a

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No **undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

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-301 A

that it may be properly classified. Exact statement of DECEDENT is very important. See instructions on back of certificate.

If deceased was a U. S. War Veteran, G. L., Chap. 46, Sec. 10, requires physicians to insert a recital to that effect.

50m-(e)-3-43-11574

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registrar's No. 20

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. 135 Quincy Ave St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Percy Milne
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN—IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 135 Quincy Ave St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution (Before death) (Specify whether) years months days. In this community 17 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Alice M. Lumb
(Husband's name in full)

6 Age of husband or wife if alive 65 years

7 IF STILLBORN, enter that fact here.

8 AGE 67 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: Motion Picture Operator

10 Industry or Business: Ball Sq. Somerville

11 Social Security No. 010-05-7256

12 BIRTHPLACE (City) (State or country): England

PARENTS

13 NAME OF FATHER: James Milne

14 BIRTHPLACE OF FATHER (City) (State or country): England

15 MAIDEN NAME OF MOTHER: Bessie ?

16 BIRTHPLACE OF MOTHER (City) (State or country): England

17 Informant: Mrs. Alice M. Milne Relation, if any (wife)
(Address) 135 Quincy Ave Winthrop Mass

was filed with me BEFORE the burial or transit permit was issued:
I HEREBY CERTIFY that a satisfactory standard certificate of death

Walter L. Wakefield M.D.
(Signature of Agent of Board of Health or other)

Health Officer 2/10/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February 8 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan 9, 1948, to Feb 8, 1948
I last saw him alive on Feb 5, 1948, death is said to have occurred on the date stated above, at 10.45 A.M.

	Duration
Immediate cause of death: Arteriosclerotic Heart Disease	3 years
Due to: General Arteriosclerosis	10 years
Due to: Bronchial Asthma	16 years

Other conditions (Include pregnancy within 3 months of death) — IMPORTANT

Major findings: Of operations none
Date of
Of autopsy none
What test confirmed diagnosis?

Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Frank E Rowe, M. D.
(Address) Revere Date Feb 9 1948

21 Winthrop Cemetery Winthrop Mass
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Feb. 11 1948

22 NAME OF FUNERAL DIRECTOR Edith M. Merwin
ADDRESS 205 Beach St. Revere, Mass.

Received and filed FEB 10 1948 19
(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

M R-301 A

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-7-46-19068

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 21

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town)

No. 15 Read St. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary J. Flynn (Foley)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN-IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 15 Read St St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) years months days. In this community 38 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: Widowed

5a If married, widowed or divorced HUSBAND of (Give maiden name in full)
(or) WIFE of Daniel J. Flynn (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 88 Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: Housewife

10 Industry or Business: Own Home

11 Social Security No.

12 BIRTHPLACE (City) (State or Country): Ireland

PARENTS

13 NAME OF FATHER: John J. Foley

14 BIRTHPLACE OF FATHER (City) (State or Country): Ireland

15 MAIDEN NAME OF MOTHER: Catherine Donahue

16 BIRTHPLACE OF MOTHER (City) (State or Country): Ireland

17 Informant: Anna Minton (Relation if any) (daughter)
(Address) 15 Read St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter G. Baker
(Signature of Agent of Board of Health or other)
Health Officer 2/17/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February (Month) 16 (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from July 7, 1947, to February 16, 1948 last saw her alive on February 15, 1948, death is said to have occurred on the date stated above, at 8:00 A m.

Immediate cause of death — Duration — IMPORTANT

Bronchopneumonia (Terminal) — 24 hours
Due to Cerebral thrombosis — 1 year
Due to Generalized arteriosclerosis — years

Other conditions (Include pregnancy within 3 months of death) —

Major findings: Of operations — Date of —
Of autopsy —

What test confirmed diagnosis? clinical

IMPORTANT — Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Arthur C. Murray M. D.
(Address) Winthrop Mass Date Feb 16 1948

21 Place of Burial, Cremation or Removal: St. Joseph's Boston (City or Town)
DATE OF BURIAL February 18 1948

22 NAME OF FUNERAL DIRECTOR John F. O'Malley
ADDRESS Winthrop Mass.

Received and Filed 19
FEB 21 1948
(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

-301

Every death in Massachusetts must be reported within 48 hours. Rev. Laws, Ch. 46, Sec. 19.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registrar's Number 22

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Comm. Hospital St. (If death occurred in a hospital or institution give its NAME instead of street and number)

2 FULL NAME Baby Boy Uga
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN—IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 4 Revere St. Winthrop St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution Hours years months 2 days. In this community years months days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male
4 COLOR OR RACE white
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single

5a If married, widowed, or divorced
HUSBAND OF
(Give maiden name of wife in full)
(or) WIFE OF
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE Years Months 2 Days | If less than 1 day Hours Minutes

9 Usual Occupation:

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) (State or country) Winthrop, Mass.

PARENTS

13 NAME OF FATHER Bennie John Uga Bo

14 BIRTHPLACE OF FATHER (City) (State or country) East St. Louis Illinois

15 MAIDEN NAME OF MOTHER Isabel Herbert

16 BIRTHPLACE OF MOTHER (City) (State or country) Littleton New Hampshire

17 Informant Bennie J. Uga Relation, if any Father
(Address) 267 Lexington St. East Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter F. Baker
(Signature of Agent of Board of Health or other)

Health Officer 2/17/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH 2/16/48.
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 2/14, 1948, to 2/16, 1948

I last saw h alive on , 19 , death is said to have occurred on the date stated above, at 1:40 A.M.

Immediate cause of death — Duration — Important

Prematurity
Due to 6½ months.

Due to

Other conditions (Include pregnancy within 3 months of death) — Important

Major findings: Of operations — Physician

Date of

Of autopsy — Underline the cause to which death should be charged statistically.

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) D. D. Porto M.D.
(Address) 17a Bennington St. East Boston Date 2/16 19 48

21 Winthrop Cemetery Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Feb. 17 19 48

22 NAME OF FUNERAL DIRECTOR E. P. Caggiano
ADDRESS 147 Winthrop St. Winthrop

Received and filed FEB 24 1948 19
(Registrar)

A TRUE COPY ATTEST:

100m-(c)-3-46-18278

Certificate of death may be issued only when it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L., Chap. 48, Sec. 10, requires physicians to insert a recital to that effect.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

R-301 A

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 45, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-45-15510

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 23

1 PLACE OF DEATH
Suffolk (County) Nahant 3/9/48
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Boy Stewart
(If deceased was a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 11 Rollin Ave St. Nahant
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution ..... years months days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced
HUSBAND of .....
(Give maiden name of wife in full)
(or) WIFE of .....
(Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here. Stillborn

8 AGE ..... Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: None

10 Industry or Business: None

11 Social Security No. None

12 BIRTHPLACE (City) (State or country) Winthrop Mass

PARENTS

13 NAME OF FATHER Robert W. Stewart

14 BIRTHPLACE OF FATHER (City) (State or country) Lynn Mass

15 MAIDEN NAME OF MOTHER Gladys Brittain

16 BIRTHPLACE OF MOTHER (City) (State or country) Revere Mass

17 Informant (Address) Robert W. Stewart (Relation if any Father) 11 Rollin Ave Nahant

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter F. Baker
(Signature of Agent of Board of Health or other)
Health Officer 2/18/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb. (Month) 17th (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Feb. 17th, 1948, to Feb. 17th, 1948

I last saw h..... alive on ....., 19 ....., death is said to have occurred on the date stated above, at ..... m.

Immediate cause of death ..... Duration

IMPORTANT

Due to Still Born

Due to Complete Premature separation of placenta

Other conditions (Include pregnancy within 3 months of death)

IMPORTANT

Major findings: Of operations ..... Date of .....
Of autopsy .....
What test confirmed diagnosis? .....

Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Louis Siegel, M. D.
(Address) 72 Shirley Blvd Date 2/17 1948

21 Woodlawn Everett
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Feb 18 1948

22 NAME OF FUNERAL DIRECTOR Charles H. Treanor
ADDRESS East Boston

Received and filed ..... 19.....
FEB 24 1948
(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

I R-301 A

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-7-46-19068

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 21

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town) Boston 3/9/48

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary A. (Davis) Sweeney (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN-IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 52 Ashley St. East Boston (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution Hospital (Before death) (Specify whether) years months 1 days. In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Widow

5a If married, widowed or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of William Sweeney (Husband's name in full)

6 Age of husband or wife if alive Deceased years

7 IF STILLBORN, enter that fact here.

8 AGE 76 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: At Home

10 Industry or Business:

11 Social Security No. None

12 BIRTHPLACE (City) (State or Country) Ireland

PARENTS

13 NAME OF FATHER Patrick Davis

14 BIRTHPLACE OF FATHER (City) (State or Country) Ireland

15 MAIDEN NAME OF MOTHER Alice Kennedy

16 BIRTHPLACE OF MOTHER (City) (State or Country) Ireland

17 Informant (Address) Mrs James J. Sullivan (Relationship if any) 52 Ashley St. E. Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter J. Baker (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 2/26/48 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February (Month) 19, (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1947, to Feb. 19, 1948

I last saw her alive on Feb. 18, 1948, death is said to have occurred on the date stated above, at 12:45 A m.

Immediate cause of death: Acute Hepatitis Hepatitis — Duration IMPORTANT 5 weeks.

Due to Auricular Fibrillation — Auricular Fibrillation — 1 yr.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations — Date of

Of autopsy

What test confirmed diagnosis? Electrocardiogram

IMPORTANT Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) James J. Sullivan, M. D.

(Address) 52 Ashley St. Date 2/19 1948

21 Place of Burial, Cremation or Removal St. Michaels (City or Town) E. Boston

DATE OF BURIAL Feb. 21, 1948

22 NAME OF FUNERAL DIRECTOR Michael J. Cappiano

ADDRESS 978 Saratoga St. E. Boston

Received and Filed FEB 24 1948 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his deatb . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in whicb it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, sucb physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, whicb shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen bundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or otber person sball bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue sucb permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person sball exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in tbe same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending pbysician. If death is caused by violence, the medical examiner shall make such certificate. If sucb a permit for the removal of a human body, not previously interred, from one town to anotber within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for sucb removal; provided, that such body shall be returned to the town from which it was removed within thirty-six bours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to sucb deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

R-301 A

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 45, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-45-15510

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 25

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. 104 Bay View Ave. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Rose Ella (McFarland) Jenner
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR).

(a) Residence. No. 104 Bay View Ave. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ..... years ..... months ..... days. In this community 35 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Widow

5a If married, widowed, or divorced
HUSBAND of .....
(or) WIFE of Robert Jenner
(Give maiden name of wife in full) (Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 83 Years 10 Months 20 Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Housewife

10 Industry or Business: At home

11 Social Security No. None

12 BIRTHPLACE (City) Augusta
(State or country) Maine

PARENTS

13 NAME OF FATHER Robert McFarland

14 BIRTHPLACE OF FATHER (City) .....
(State or country) Maine

15 MAIDEN NAME OF MOTHER ------- Miller

16 BIRTHPLACE OF MOTHER (City) .....
(State or country) Maine

17 Informant Robert Jenner (Relation, if any) Son
(Address) 104 Bay View Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter E. Bakers
(Signature of Agent of Board of Health or other)

Health Officer 2/20/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February (Month) 20 (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from April 4, 1936 to February 20, 1948
I last saw her alive on February 17, 1948, death is said to have occurred on the date stated above, at ..... a. m.

Immediate cause of death	Duration
Carcinoma of stomach	6 mos.
Due to Pernicious anemia	12 years
Due to Arteriosclerosis	3 years
Other conditions Cirrhosis (Include pregnancy within 3 months of death)	5 days

IMPORTANT Physician: Underline the cause to which death should be charged statistically.

Major findings: Of operations none
Date of .....
Of autopsy none
What test confirmed diagnosis? clinical & laboratory

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Jacob J. Abrams M.D. M. D.
(Address) 562 Blusley St. Date 2/20/48

21 Bradley Cemetery Bradley Maine
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Feb. 21 1948

22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop Mass.

Received and filed FEB 24 1948 19.....
(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

R-301 A

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-45-15510

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 26

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 55 Beach Road St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Alice Lucinda (Earl) Root MD
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence, No. 55 Beach Road St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ..... years months days. In this community 30 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Widow

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of John Reynolds Root
(Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 84 Years 5 Months 20 Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Medical Doctor (Retired)

10 Industry or Business:

11 Social Security No. None

12 BIRTHPLACE (City) McConelvilles
(State or country) New York

PARENTS

13 NAME OF FATHER Stephen O. ~~Arthur~~ Earle

14 BIRTHPLACE OF FATHER (City) Unable to obtain
(State or country)

15 MAIDEN NAME OF MOTHER Lucinda Netileton

16 BIRTHPLACE OF MOTHER (City)
(State or country) New York

17 Informant Carl Root (Relation, if any Son)
(Address) 52 Beach Rd. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter G. Bakes
(Signature of Agent of Board of Health or other)
Health Officer 2/24/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February (Month) 22 (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 20, 1946, to February 22, 1948
I last saw her alive on February 22, 1948, death is said to have occurred on the date stated above, at 6 40 P.M.

Immediate cause of death — Duration
Coronary thrombosis — IMPORTANT 2 days
Due to Arteriosclerosis generalized and arteriosclerotic heart — 7 years
Due to disease
Other conditions (Include pregnancy within 3 months of death) Glaucoma, left eye — 1 year
glaucoma
Major findings: Of operations — IMPORTANT
Date of — Physician
Of autopsy — Underline the cause to which death should be charged statistically.
What test confirmed diagnosis? Clinical

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Paul V. Cleveland M. D.
(Address) 238 Shore Drive Winthrop Date 2/23 1948

21 Woodlawn Crematory Everett
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Feb. 25 1948

22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop Mass

Received and filed FEB 26 1948 19
(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

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RULES OF PRACTICE

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(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

R-301 A

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-7-46-19068

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent

Registered No. 27

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town) No. 27 Tilestone Rd St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Annie E. Moynihan (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 27 Tilestone Rd St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) years months days. In this community 8 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: Widowed

5a If married, widowed or divorced HUSBAND of... (Give maiden name of wife in full) (or) WIFE of Eugene F. Moynihan (Husband's name in full)

6 Age of husband or wife if alive ... years

7 IF STILLBORN, enter that fact here.

8 AGE 85 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: Housework

10 Industry or Business: Own Home

11 Social Security No. None

12 BIRTHPLACE (City) (State or Country) East Boston Mass

PARENTS

13 NAME OF FATHER Thomas Pendergast

14 BIRTHPLACE OF FATHER (City) (State or Country) Ireland

15 MAIDEN NAME OF MOTHER Catherine Matthews

16 BIRTHPLACE OF MOTHER (City) (State or Country) Ireland

17 Informant Mary Carter (Relation, if any) daughter (Address) 27 Tilestone Rd Win.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter F. Baker (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 2/26/48 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February (Month) 23 (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from January 1, 1947, to Feb. 23, 1948, I last saw him alive on 2/22, 1948, death is said to have occurred on the date stated above, at 6 A. m.

Immediate cause of death: General Hemorrhage — Duration: 1 hour

Due to Chronic Nephritis — 1½ yrs

Due to Hypertension — 2 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations — Date of

Of autopsy

What test confirmed diagnosis?

IMPORTANT — Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) George H. Schwartz, M. D.

(Address) 19 Princeton St. Wint. Date 2/24 1948.

21 Place of Burial, Cremation or Removal. Holy Cross (City or Town) Malden

DATE OF BURIAL Feb 26 1948

22 NAME OF FUNERAL DIRECTOR Charles H. Treanor

ADDRESS East Boston

Received and Filed 19

FEB 26 1948 (Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a persou whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 28

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town) — No. 47 Sunnyside Ave St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Cornelius T. Sullivan
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. No. 47 Sunnyside Ave St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In hospital or institution ..... years ..... months ..... days. In this community 24 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: Married

5a If married, widowed, or divorced HUSBAND of Julia Barry (Give maiden name of wife in full)
(or) WIFE of ..... (Husband's name in full)

6 Age of husband or wife if alive 62 years

7 IF STILLBORN, enter that fact here.

8 AGE 74 Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Bookkeeper

10 Industry or Business: Hardware, Wholesale

11 Social Security No. C.N.B.L.

12 BIRTHPLACE (City) (State or country) Holyoke, Mass

PARENTS

13 NAME OF FATHER Patrick Sullivan

14 BIRTHPLACE OF FATHER (City) (State or country) Ireland

15 MAIDEN NAME OF MOTHER Elizabeth Shea

16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

17 Informant Mrs. Julia Sullivan (Relation, if any wife)
(Address) Sunnyside Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter T. Baker
(Signature of Agent of Board of Health or other)
Health Officer 2/26/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb. (Month) 23 (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Feb 22, 1948 to Feb 23, 1948
I last saw him alive on Feb 23, 1948, death is said to have occurred on the date stated above, at 9:40 A.M.

Immediate cause of death	Duration
Cerebral Hemorrhage	48 hrs
Due to: Generalized Arteriosclerosis	years
Due to:	
Other conditions: — (Include pregnancy within 3 months of death)	

IMPORTANT — Physician: Underline the cause to which death should be charged statistically.

Major findings: Of operations — Date of —
Of autopsy —
What test confirmed diagnosis? clinical

20 Was disease or injury in any way related to occupation of deceased? NO
If so, specify
(Signed) Arthur C. Moorray M. D.
(Address) Winthrop, Mass. Date 24 Feb 1948

21 Place of Burial, Cremation or Removal: Winthrop Cemetery, Winthrop (City or Town)
DATE OF BURIAL Feb. 26, 1948 19

22 NAME OF FUNERAL DIRECTOR Kirby Bros
ADDRESS Winthrop St., Winthrop

Received and filed 19
MAR 1 1948
(Registrar)

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-45-15510

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 29

1 PLACE OF DEATH: Suffolk (County), Boston 3/9/48
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Assunta De Sanctis
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) None

(a) Residence. No. 220 East Eagle St St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution Hospital years months 14 days. In this community 35 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Frank De Sanctis
(Husband's name in full)

6 Age of husband or wife if alive 59 years

7 IF STILLBORN, enter that fact here.

8 AGE 57 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: Housewife

10 Industry or Business: Own Home

11 Social Security No. none

12 BIRTHPLACE (City) (State or country) Italy

PARENTS

13 NAME OF FATHER Not Known N. Grazia

14 BIRTHPLACE OF FATHER (City) (State or country) Italy

15 MAIDEN NAME OF MOTHER Not Known

16 BIRTHPLACE OF MOTHER (City) (State or country) Italy

17 Informant Frank De Sanctis Relation, if any Husband
(Address) 220 East Eagle St E Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter L. Baker Jr.
(Signature of Agent of Board of Health or other)
Health Officer 2/27/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb. (Month) 25 (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from 2/11, 1948, to 2/25, 1948
I last saw her alive on 2/25, 1948, death is said to have occurred on the date stated above, at 1:40 P.M.

Immediate cause of death (Duration)
Uremia 2 d.
Due to Nephrosclerosis about 1 year
Hypertension & heart disease 2 years
Due to Mitral Cardiac decomp. 2 weeks
Hypochromic Anemia ? 1 year

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Date of
Of autopsy
What test confirmed diagnosis?

IMPORTANT Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) D. D. Poulos M. D.
(Address) 17 Bennington St E B Date 2/26 1948

21 Holy Cross Malden
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Feb 28 1948

22 NAME OF FUNERAL DIRECTOR Frederick J. Magrath
ADDRESS 98 Havre St East Boston

Received and filed MAR 1 1948 19
(Registrar)

100m(i)-1-44-13634

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

extracts from the laws on back of certificate.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

R-301 A

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-7-46-19068

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 30

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town) — No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN-IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

2 FULL NAME Elizabeth G. Smith McNeil
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence No. 63 Walden St St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution — Hosp (Specify whether) years months days. Hour in this community 22 yrs. mos. days.
(Before death)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: Married

5a If married, widowed or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Alexander S McNeil (Husband's name in full)

6 Age of husband or wife if alive 74 years

7 IF STILLBORN, enter that fact here.

8 AGE 76 Years Months Days — If less than 1 day Hours Minutes

9 Usual Occupation: Housewife

10 Industry or Business: Own Home

11 Social Security No.

12 BIRTHPLACE (City) (State or Country): Cape Breton

PARENTS

13 NAME OF FATHER: Alexander Smith

14 BIRTHPLACE OF FATHER (City) (State or Country): Cape Breton

15 MAIDEN NAME OF MOTHER: Catherine McNeil

16 BIRTHPLACE OF MOTHER (City) (State or Country): Cape Breton

17 Informant (Address): Alex S. McNeil (Relation, if any) [illegible] St

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter F. Baker
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation)
2/27/48
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb. (Month) 25 (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Feb. 22, 1948 to Feb. 25, 1948
I last saw h alive on Feb. 25, 1948, death is said to have occurred on the date stated above, at 6.15 P m.

Immediate cause of death: Bronchopneumonia — Duration 1 day
Due to: [illegible] Influenza
Due to: [illegible]

Other conditions (Include pregnancy within 3 months of death)

IMPORTANT — Physician — Underline the cause to which death should be charged statistically.

Major findings: Of operations — Date of
Of autopsy
What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) [illegible] M. D.
(Address) Washington [illegible] Date 2/26 1948

21 Place of Burial, Cremation or Removal: Winthrop (City or Town) Winthrop
DATE OF BURIAL Feb 28 1948 19

22 NAME OF FUNERAL DIRECTOR John H. [illegible]
ADDRESS Winthrop

Received and Filed MAR 1 1948 19
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

R-301 A

DEATH in plain terms, so that it may be properly classified.
See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-7-46-19068

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 31

1 PLACE OF DEATH: Suffolk (County) Boston 3/9/48
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Boy Bognano (Bognano 3)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN-IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 687 Bennington St.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) Resid. years months days. In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: Single

5a If married, widowed or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here. ~~Stillborn~~ ✓

8 AGE Years Months Days If less than 1 day Hours 35 Minutes

9 Usual Occupation:

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) (State or Country) Winthrop, Mass.

PARENTS

13 NAME OF FATHER Joseph Anthony Bognano

14 BIRTHPLACE OF FATHER (City) (State or Country) Boston Mass

15 MAIDEN NAME OF MOTHER Teresa Uliano

16 BIRTHPLACE OF MOTHER (City) (State or Country) Boston Mass

17 Informant (Address) Joseph A Bognano 687 Bennington St (Relation, if any) Father

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter L. Baker
(Signature of Agent of Board of Health or other)

Health Officer
(Official Designation)

3/3/48
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb. ~~25~~ 26 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Feb. 25, 1948, to Feb. 25 1948
I last saw him alive on Feb. 26, 1948 death is said to have occurred on the date stated above, at 1:15 a. m.

Immediate cause of death
Premature 5 months 4 days

Duration IMPORTANT

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations —
Date of
Of autopsy —
What test confirmed diagnosis? —

IMPORTANT
Physician
Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Charles Mellon, M. D
(Address) 305 Havre St Boston Date Mar 3 1948

21 Place of Burial, Cremation or Removal. Woodlawn Everett (City or Town)
DATE OF BURIAL Mar 3 1948

22 NAME OF FUNERAL DIRECTOR Scaramella Funeral Service
ADDRESS 39 Orleans St East Boston

Received and Filed MAR 4 1943 19
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

R-301 A

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 45, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-45-15510

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 32

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. 97 Circuit Rd. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Laura (Woodbury) Close
Close
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 97 Circuit Road St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ..... years months days. In this community 27 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Samuel S Close
(Give maiden name of wife in full) (Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 74 Years 0 Months 22 Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Housewife

10 Industry or Business: At Home

11 Social Security No. None

12 BIRTHPLACE (City) Aylesford
(State or country) Novia Scotia

PARENTS

13 NAME OF FATHER: William Woodbury

14 BIRTHPLACE OF FATHER (City) ..... (State or country) Novia Scotia

15 MAIDEN NAME OF MOTHER: Margaret Neilly

16 BIRTHPLACE OF MOTHER (City) Unable to obtain (State or country)

17 Informant: Natalee Gilbert Daughter (Relationship if any) (In law)
(Address) 106 Circuit Rd.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter F. Baker
(Signature of Agent of Board of Health or other)
Health Officer 3/1/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb. (Month) 26 (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from March, 1947, to Feb. 26, 1948
I last saw h. e alive on Feb. 26, 1948, death is said to have occurred on the date stated above, at 4 P. m.

Immediate cause of death: Bronchopneumonia (Duration: 1 day)
Due to cerebrovascular accident (Duration: 4 days)
Due to arteriosclerosis generalized (Duration: years)
Other conditions (Include pregnancy within 3 months of death)

IMPORTANT — Physician: Underline the cause to which death should be charged statistically.

Major findings:
Of operations ..... Date of .....
Of autopsy
What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) Joseph Gregoire M. D.
(Address) 376 Revere St. Date 2/26 1948

21 Place of Burial, Cremation or Removal: Woodlawn (City or Town) Everett
DATE OF BURIAL March 1 1948

22 NAME OF FUNERAL DIRECTOR Howard S Reynolds
ADDRESS Winthrop Mass.

Received and filed MAR 1 1948 19.....
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a persou whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or otber person shall bury or otherwise dispose of a buman body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to sucb board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician wbo is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, tbe medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal sball constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained bereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, sucb recital sball appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom tbe permit is so given aud the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, wbich the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he bas received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of tbese laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to sucb deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, bave died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of tbe principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—botel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

R-301 A

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-9-44-14955

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 33

1 PLACE OF DEATH: SUFFOLK (County) WINTHROP (City or Town) No. KIRKPATRICK REST HOME St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME ELIZABETH CORRIGAN
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 46 WASHINGTON AVE WINTHROP St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) INSTITUTION (Specify whether) years 8 months days. In this community yrs. 8 mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: FEMALE
4 COLOR OR RACE: WHITE
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: SINGLE

5a If married, widowed or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that tact here.

8 AGE 93 Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: AT HOME

10 Industry or Business: " "

11 Social Security No.

12 BIRTHPLACE (City) (State or Country): BELFAST IRELAND

PARENTS

13 NAME OF FATHER: HUGH CORRIGAN

14 BIRTHPLACE OF FATHER (City) (State or Country): IRELAND

15 MAIDEN NAME OF MOTHER: MARY BURNS

16 BIRTHPLACE OF MOTHER (City) (State or Country): SCOTLAND

17 Informant LILLIAN M. BOYD (Relation, if any NIECE)
(Address) ~~31 PRATTAVE BEVERLY~~ ~~10 SUMNER ST MALDEN~~

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter G. Backes
(Signature of Agent of Board of Health or other)

Health Officer
(Official Designation)

3/1/48
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February 29, 1948 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Feb. 25, 1948, to Feb 29, 1948

I last saw her alive on Feb 28, 1948, death is said to have occurred on the date stated above, at 6.30 A m.

Immediate cause of death: Chronic Myocarditis — Duration: one year

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations: none

Date of

Of autopsy: none

What test confirmed diagnosis? Clinical Signs

IMPORTANT — Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? If so, specify: no

(Signed) Daniel J. O'Brien, M. D.
(Address) Winthrop Mass Date Feb 29 1948

21 WYOMING CEMETERY MELROSE
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL MARCH 2, 1948

22 NAME OF FUNERAL DIRECTOR Wendell W. Lyburman
ADDRESS 23 Cary Ave Chelsea

Received and Filed 19
MAR 1 1943
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

M R-302

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m-(b)-6-44-14607

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Weymouth (City or town making return)

Registered No. 34

1 PLACE OF DEATH: Norfolk (County); Weymouth (City or Town)

No. XXXXXX Nursing Home St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ralph S Russell (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence, No. 380 Pleasant St. Winthrop (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution ..... years months days. In this community yrs. mos. days. (Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Mar

5a If married, widowed, or divorced HUSBAND of ..... (Give maiden name of wife in full) (or) WIFE of ..... (Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 71 Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Office Furniture

10 Industry or Business:

11 Social Security No. 010-07-6397 A

12 BIRTHPLACE (City) (State or country): Rochester N Y

PARENTS

13 NAME OF FATHER: Charles Russell

14 BIRTHPLACE OF FATHER (City) (State or country): Keene N H

15 MAIDEN NAME OF MOTHER: Emma Babcock

16 BIRTHPLACE OF MOTHER (City) (State or country): Rochester N Y

17 Informant (Address): William Russell Main St Hingham (Relation, if any)

A TRUE COPY. ATTEST: Chester L. Boyle (Registrar of city or town where death recorded)

DATE FILED 2/18/ 1948 Town Clerk

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH feb 14 1948 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 2/1/ 48 19 ..... to 2/14/ 19 48

I last saw him alive on Feb 14 19 48 and death is said to have occurred on the date stated above, at 4:45 P m.

Immediate cause of death	Duration
Bronchio Pneumonia	2 Days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Gen. Arterio Sclerosis	Chronic

Major findings: Of operations ..... Date of ..... Of autopsy ..... What test confirmed diagnosis?

Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) John P Reardon, M. D.

(Address) Hull Date 2/16/ 48 19

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Gen Winthrop (Cemetery) (City or Town)

DATE OF BURIAL Feb 17 19 48

22 NAME OF FUNERAL DIRECTOR John Pyne

ADDRESS Hingham

Received and filed Feb 16 1948 19 MAR 16 1948 (Registrar of City or Town where deceased resided)

R-301 A

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-7-46-19068

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 36

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 26 Jefferson St. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Gertrude M. Wentworth Cassens
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 26 Jefferson St St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution years months days. In this community 40 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: Widowed

5a If married, widowed or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Thomas F. Cassens
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 66 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: Housewife

10 Industry or Business: Own Home

11 Social Security No.

12 BIRTHPLACE (City) Belfast
(State or Country) Me

PARENTS

13 NAME OF FATHER George Wentworth

14 BIRTHPLACE OF FATHER (City) Waldo
(State or Country) Me.

15 MAIDEN NAME OF MOTHER Lydia A. Johnson

16 BIRTHPLACE OF MOTHER (City)
(State or Country) Maine

17 Informant John Cassens (Relation, if any) Son
(Address) 26 Jefferson St.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter L. Baker
(Signature of Agent of Board of Health or other)
Health Officer 3/8/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 6 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept, 1947, to March 6, 1948
I last saw h e alive on March 6, 1948, death is said to have occurred on the date stated above, at 4.03 P m.

	Duration
Immediate cause of death: Coronary Embolism (CORONARY EMBOLISM)	IMPORTANT
Due to: myocarditis (MYOCARDITIS)	1 yr
Due to: arterio sclerosis (ARTERIO SCLEROSIS)	1 yr
Other conditions (Include pregnancy within 3 months of death): Diabetes mellitus (Diabetes Mellitus)	1 yr
	IMPORTANT

Major findings: Of operations Date of
Of autopsy
What test confirmed diagnosis?

Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Charles F. Mahoney M. D.
(Address) Winthrop Date 3-8- 1948

21 Holy Cross Malden
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL March 9 1948 19

22 NAME OF FUNERAL DIRECTOR John H. O'Malley
ADDRESS Winthrop

Received and Filed MAR 10 1948 19
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 37

1 PLACE OF DEATH: ~~Arlington~~ Suffolk (County) Winthrop (City or Town) No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Margaret E. Napier
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 154 Bowdoin St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) Hospital (Specify whether) years months 4 days. In this community 17 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: Widowed

5a If married, widowed or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Dennis Napier (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 64 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: Housework

10 Industry or Business: Own Home

11 Social Security No. None

12 BIRTHPLACE (City) (State or Country) Boston

PARENTS

13 NAME OF FATHER: John Gunnarson

14 BIRTHPLACE OF FATHER (City) (State or Country): Sweden

15 MAIDEN NAME OF MOTHER: Mary Daley

16 BIRTHPLACE OF MOTHER (City) (State or Country): Ireland

17 Informant: Helen Sullivan (Relation, if any: daughter)
(Address) 154 Bowdoin St Win

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter F. Baker
(Signature of Agent of Board of Health or other)

Health Officer 3/10/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: Mar (Month) 6 (Day) 48 (Year)

19 I HEREBY CERTIFY, That I attended deceased from December 22, 1943, to March 6, 1948
I last saw her alive on March 6, 1948, death is said to have occurred on the date stated above, at 11:35 p.m.

Immediate cause of death	Duration IMPORTANT
Cerebral Embolus	5 days
Due to Mitral Stenosis	6 years
Due to	
Other conditions (Include pregnancy within 3 months of death) Terminal Broncho-Pneumonia	3 days IMPORTANT

Major findings: Of operations none
Date of
Of autopsy none
What test confirmed diagnosis? clinical + lab

Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Jacob J. Adams M.D., M. D.
(Address) 502 Shirley St Date 3/7/48

21 Place of Burial, Cremation or Removal. Winthrop (City or Town) Winthrop Mass
DATE OF BURIAL Mar 10 1948

22 NAME OF FUNERAL DIRECTOR Charles H. Treanor
ADDRESS East Boston

Received and Filed MAR 13 1948 19
(Registrar)

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

See instructions and extracts from the laws on back of certificate.

Blank in public certificate, so that it may be properly classified. Exact statement of CAUSE OF DEATH is very important.

100M-7-46-19068

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 38

1 PLACE OF DEATH: Suffolk. (County) Winthrop. (City or Town) Brookline 4/2/48
No. 16 Sunset Road. St. (If death occurred in a hospital or institution give its NAME instead of street and number)

2 FULL NAME Cornelius J. Hickey.
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN-IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No.

(a) Residence. No. 16 Clark Court. Brookline.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) No. years months days. In this community 60 yrs. ✓ mos. ✓ days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male.
4 COLOR OR RACE: White.
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: Widowed.

5a If married, widowed or divorced HUSBAND of Catherine F. Donavan.
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive ✓ years

7 IF STILLBORN, enter that fact here.

8 AGE 84 Years ✓ Months ✓ Days | If less than 1 day Hours Minutes

9 Usual Occupation: Blacksmith.

10 Industry or Business: Retired.

11 Social Security No. ✓

12 BIRTHPLACE (City) (State or Country) Cork. Ireland.

PARENTS
13 NAME OF FATHER John J. Hickey.
14 BIRTHPLACE OF FATHER (City) (State or Country) Cork. Ireland.
15 MAIDEN NAME OF MOTHER unknown
16 BIRTHPLACE OF MOTHER (City) (State or Country) unknown

17 Informant Miss Mary Hickey. (Relation, if any) Daughter.
(Address) 16 Clark Court. Brookline

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter F. Baker Jr.
(Signature of Agent of Board of Health or other)
Health Officer 3/10/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March (Month) 8 (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from March 1, 1948, to March 8, 1948
I last saw him alive on March 8, 1948, death is said to have occurred on the date stated above, at 3:00 A. m.

Immediate cause of death — Duration — IMPORTANT
Probable coronary occlusion — hours
Due to Arteriosclerotic Heart Disease — years
Due to Generalized Arteriosclerosis — years

Other conditions (Include pregnancy within 3 months of death) — IMPORTANT
—

Major findings: Of operations — Date of —
Of autopsy —
What test confirmed diagnosis? clinical

Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Arthur C. Murray M. D.
(Address) Winthrop Mass Date March 9 1948

21 Place of Burial, Cremation or Removal Calvary. (City or Town) Boston.
DATE OF BURIAL March 11, 1948.

22 NAME OF FUNERAL DIRECTOR Martin E. Kelley.
ADDRESS 509 Centre Street. J. P.

Received and Filed MAR 13 1948 19
(Registrar)

See instructions and extracts from the laws on back of certificate.
If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-7-46-19068

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 39

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town)

No. Winthrop Community Hospital St. (If death occurred in a hospital or Institution, give its NAME instead of street and number)

2 FULL NAME Florence M (Rodenhiser) Robinson (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 206 Grandview Ave. St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution Hosp. (Specify whether) years months 16 days. In this community 39 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Bradbury Robinson (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 74 Years 11 Months 24 Days | If less than 1 day Hours Minutes

9 Usual Occupation: Housewife

10 Industry or Business: Own home

11 Social Security No. None

12 BIRTHPLACE (City) (State or country) Novia Scotia

PARENTS

13 NAME OF FATHER: Isaac Rodenhiser

14 BIRTHPLACE OF FATHER (City) (State or country) Novia Scotia

15 MAIDEN NAME OF MOTHER: Mary Hayes

16 BIRTHPLACE OF MOTHER (City) (State or country) Novia Scotia

17 Informant Isaac B Robinson (Relation, if any Son)
(Address) 206 Grandview Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter F. Baker M.D.
(Signature of Agent of Board of Health or other)

Health Officer
(Official Designation)

3/9/48
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March (Month) 8 (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from February 21, 1948, to March 8, 1948
I last saw her alive on March 7, 1948, death is said to have occurred on the date stated above, at 2:25 A.m.

Immediate cause of death

	Duration
Pneumonia, left lobar	2 days.
Due to Cerebral hemorrhage with right hemiplegia	16 days
Due to Arteriosclerotic + hypertensive heart disease	2 years
Other conditions generalized arteriosclerosis	3 years

(Include pregnancy within 3 months of death)

IMPORTANT PHYSICIAN: Underline the cause to which death should be charged statistically.

Major findings:
Of operations None
Date of
Of autopsy None
What test confirmed diagnosis? Clinical + Laboratory

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Maurice Transtein Jr. M. D.
(Address) 562 Shirley St. Winthrop Date Mar. 8, 1948

21 Place of Burial, Cremation or Removal Winthrop (City or Town) Winthrop
DATE OF BURIAL March 10 1948

22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop Mass.

Received and filed MAR 10 1948 19
(Registrar)

100m-2-'40-D-729-a

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

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M R-302

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Danvers
(City or town making return)

Registered No. 40

1 PLACE OF DEATH
Essex (County)
Danvers (City or Town)
No. Danvers State Hospital, Hathorne, Mass. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME C. Henry Lenth (If U. S. War Veteran, specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 102 Shore Drive, Winthrop, Mass. St.
(Usual place of abode) (If nonresident, give city or town and State)
Length of stay: In hospital or institution years months 5 days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Charlotte Rausch (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 75 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: Meat cutter

10 Industry or Business:

11 Social Security No. Cannot be learned

12 BIRTHPLACE (City) Roxbury (State or country) Mass.

PARENTS
13 NAME OF FATHER George Lenth
14 BIRTHPLACE OF FATHER (City) (State or country) Germany
15 MAIDEN NAME OF MOTHER Henrietta Stuck
16 BIRTHPLACE OF MOTHER (City) (State or country) Germany

17 Informant Mary K. McPhillips (Relation, if any)
(Address) Hathorne, Mass.

A TRUE COPY.
ATTEST: [signature]
(Registrar of city or town where death occurred)
DATE FILED March 15 1948

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 9 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Mar. 4, 1948, to Mar. 9, 1948
I last saw him alive on Mar. 9, 1948 death is said to have occurred on the date stated above, at 3:00p m.

	Duration
Immediate cause of death	
Bronchopneumonia	1 day
Cancer of Stomach	1 yr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Date of
Of autopsy
What test confirmed diagnosis? Clinical

Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Francis X. Sullivan, M.D.
(Address) Hathorne, Mass. Date 3/12 1948

21 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem., Everett
(Cemetery) (City or Town)
DATE OF BURIAL Mar. 12 1948

22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop, Mass.

Received and filed APR 7 1948 19
(Registrar of City or Town where deceased resided)

30m-(b)-6-44-14607

resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town making return)

Registrar's Number 41

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 153 Winthrop St. St. (If death occurred in a hospital or institution give its NAME instead of street and number)

2 FULL NAME David Belcher
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN—IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. No. 153 Winthrop St. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ..... years ..... months ..... days. In this community 82 years 8 months 24 days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male
4 COLOR OR RACE: white
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: widowed

5a If married, widowed, or divorced HUSBAND OF Nina Allen
(Give maiden name of wife in full)
(or) WIFE OF
(Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 82 Years 8 Months 24 Days | If less than 1 day Hours ..... Minutes

9 Usual Occupation: retired

10 Industry or Business: ~~postle~~ postal superintendent

11 Social Security No. none

12 BIRTHPLACE (City) (State or country) Winthrop

PARENTS

13 NAME OF FATHER Warren Belcher

14 BIRTHPLACE OF FATHER (City) (State or country) Winthrop Mass.

15 MAIDEN NAME OF MOTHER Bethia Harding

16 BIRTHPLACE OF MOTHER (City) (State or country) Chatham Mass.

17 Informant David Ernest Belcher son Relation, if any
(Address) 58 Wellington Road, Medford

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

Walter F. Baker
(Signature of Agent of Board of Health or other)

Health Officer
(Official Designation)

3/12/48
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March (Month) 10 (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from ....., 19 ..... to ....., 19 .....

I last saw h..... alive on ....., 19 ....., death is said to have occurred on the date stated above, at 2 P.M.

Immediate cause of death Coronary Embolism
CORONARY EMBOLISM

Due to M.E. waive jurisdiction

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Date of

Of autopsy

What test confirmed diagnosis?

Duration Important

Important

Physician

Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Charles Fairbanks M.D.

(Address) Board of Health Date 3-11-19 48

21 Place of Burial, Cremation or Removal. Winthrop Cemetery Winthrop (City or Town)

DATE OF BURIAL March 12 1948 19

22 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop

Received and filed MAR 12 1948 19

(Registrar)

A TRUE COPY ATTEST:

100m-(c)-3-46-18278

If deceased was a U. S. War Veteran, G. L., Chap. 48, Sec. 10, requires physicians to insert a recital to that effect.
on back of certificate.

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

R-301 A

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 45, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-45-15510

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 42

1 PLACE OF DEATH
Suffolk (County) Orleans 4/5/48
Winthrop (City or Town)
No. 41 Shirley Street St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Thomas Kelley
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) Spans

(a) Residence. No. Orleans St. Orleans Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ..... years ..... months ..... days. In this community yrs. 10 mos. ..... days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: Married

5a If married, widowed, or divorced HUSBAND of Mary B Chase
(Give maiden name of wife in full)
(or) WIFE of .....
(Husband's name in full)

6 Age of husband or wife if alive 72 years

7 IF STILLBORN, enter that fact here.

8 AGE 69 Years 11 Months 9 Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Retired

10 Industry or Business: Innkeeper

11 Social Security No. None

12 BIRTHPLACE (City) Sommerville
(State or country) Mass.

PARENTS

13 NAME OF FATHER Roderick Kelley

14 BIRTHPLACE OF FATHER (City) /
(State or country) Novia Scotia

15 MAIDEN NAME OF MOTHER Agnes Sullivan

16 BIRTHPLACE OF MOTHER (City) /
(State or country) Novia Scotia

17 Informant Burton Kelley (Relation, if any Son)
(Address) Orleans Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter A. Baker M.D.
(Signature of Agent of Board of Health or other)

Health Officer 3/11/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 10 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19....., death is said to have occurred on the date stated above, at 10 A m.

Duration

IMPORTANT

Immediate cause of death Coma
Diabetes
Due to Diabetes Mellitus
Due to Inj. Q. Wound
Gunshot

Other conditions
(Include pregnancy within 3 months of death)

IMPORTANT

Major findings:
Of operations
Date of
Of autopsy
What test confirmed diagnosis?

Physician
Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Charles [illegible] M. D.
(Address) Board of Health Date 3-16- 1948

21 Place of Burial, Cremation or Removal. East Dennis Mass.
(City or Town)
DATE OF BURIAL March 13 1948

22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop Mass.

Received and filed MAR 13 1948 19.....
(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained herennder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 43

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town) No. 29 Perkins St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Sarah Leah Canner (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 29 Perkins St. Winthrop, Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution ..... years ..... months ..... days. (Before death) (Specify whether) In this community 7 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of ..... (Give maiden name of wife in full) (or) WIFE of Morris Canner (Husband's name in full)

6 Age of husband or wife if alive ..... 47 years

7 IF STILLBORN, enter that fact here.

8 AGE 43 Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Housewife

10 Industry or Business: at Home

11 Social Security No. None

12 BIRTHPLACE (City) (State or country) Boston Mass

PARENTS

13 NAME OF FATHER Jacob Sakload

14 BIRTHPLACE OF FATHER (City) (State or country) Russia

15 MAIDEN NAME OF MOTHER Mary (Cayuad to) (Carmel)

16 BIRTHPLACE OF MOTHER (City) (State or country) Russia

17 Informant Morris Canner (Relation if any) husband (Address) 29 Perkins St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter S. G. Nickerson (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 3/12/48 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 12th (Month) (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from April, 1945, to March 12, 1948

I last saw her alive on 3/12, 1948, death is said to have occurred on the date stated above, at 12 35 P.m.

Immediate cause of death: Generalized carcinomatosis — Duration: 6 mos

Due to: Carcinoma of breast — 1 year

Due to:

Other conditions (Include pregnancy within 3 months of death):

IMPORTANT Physician: Underline the cause to which death should be charged statistically.

Major findings: Of operations several operations + biopsies Date of 1946-1947

Of autopsy

What test confirmed diagnosis? Biopsies + clinical

20 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul F. Veresa M.D.

(Address) 38 Shore Drive Winthrop Date 3/12 1948

21 Place of Burial, Cremation or Removal: Chel Jacob (City or Town) Woburn, Mass

DATE OF BURIAL March 14 1948

22 NAME OF FUNERAL DIRECTOR Benjamin Bierbach

ADDRESS 10 Washington St. Everett

Received and filed ..... 19.....

MAR 13 1948 (Registrar)

extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-45-15510

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwitb, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, bis supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of bis last illness, wben last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by tbe preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in whicb it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen bundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or otber person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for tbe purpose, shall upon application make the certificate required of tbe attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a buman body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from whicb it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained bereunder. If the deatb certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given aud the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within bis county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person sball bury a human body or the asbes thereof which have been brought into the commonwealth until be has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of tbe purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home wben tbe certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, hut also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., beart failure, asphyxia, astbenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If tbe deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—botel, etc. For a person who bad no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 44

1 PLACE OF DEATH
Suffolk (County) Revere 3/8/48
Winthrop (City or Town)
No. Winthrpp Community Hosp. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Deloris Maria Imbornone
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 43 Jarvis St. St. Revere
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution 2 years months 2 days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: Single

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here. ✓

8 AGE Years Months 2 Days | If less than 1 day Hours Minutes

9 Usual Occupation:

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) (State or country) Winthrop

PARENTS

13 NAME OF FATHER Domenic Imbornone

14 BIRTHPLACE OF FATHER (City) (State or country) Boston

15 MAIDEN NAME OF MOTHER Mary Martinoli

16 BIRTHPLACE OF MOTHER (City) (State or country) Boston

17 Informant Domenic Imbornone (Relation, if any father)
(Address) 43 Jarvis St. Revere

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter A. Maker M.D.
(Signature of Agent of Board of Health or other)
Health Officer 3/16/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 15, 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from March 13, 1948, to March 15, 1948
I last saw h. alive on March 14, 1948, death is said to have occurred on the date stated above, at 1:00 A.M. m.

Immediate cause of death
Atelectasis
Due to Atelectasis

Due to

Other conditions
(Include pregnancy within 8 months of death)

Major findings:
Of operations
Date of
Of autopsy
What test confirmed diagnosis? Clin. & X-ray

Duration

IMPORTANT
3/16/48

IMPORTANT
Physician
Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) [illegible] M. D.
(Address) 145 [illegible] Date 3/15 1948

21 Place of Burial, Cremation or Removal. Holy Cross (City or Town) Malden
DATE OF BURIAL March 16 - 48 19

22 NAME OF FUNERAL DIRECTOR Vincent Fatemo
ADDRESS 9 Chelsea St. East Boston

Received and filed MAR 23 1948 19
(Registrar)

If deceased was a U. S. War Veteran, G. L. Chap. 45, Section 10, requires physicians to insert a recital to that effect.

100m(1)-1-44-13634

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a persou whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert iu the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given aud the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

R-301 A

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-45-15510

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 45

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Henrietta (Fuller) Paine
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 23 Cliff Ave. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution Hosp. years months 20 days. In this community 70 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Widow

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of George F. Paine
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 96 Years 10 Months 13 Days | If less than 1 day Hours Minutes

9 Usual Occupation: Housewife

10 Industry or Business: At home

11 Social Security No. None

12 BIRTHPLACE (City) Boston
(State or country) Mass

PARENTS

13 NAME OF FATHER Richard Fuller

14 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass.

15 MAIDEN NAME OF MOTHER Charlotte ?

16 BIRTHPLACE OF MOTHER (City) Unable to obtain
(State or country)

17 Informant Leon A Paine Son Relation, if any
(Address) 23 Cliff Ave. Winthrop, Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter H. Baker M.D.
(Signature of Agent of Board of Health or other)

Health Officer 3/18/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March (Month) 17 (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from February 27, 1948, to March 17, 1948, I last saw him alive on March 17, 1948, death is said to have occurred on the date stated above, at 2:45 A.m.

Immediate cause of death	Duration
Bronchopneumonia	20 days
Due to Arteriosclerosis	3 years
Due to Chronic myocarditis	3 years

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None Date of
Of autopsy None
What test confirmed diagnosis? Clinical + Laboratory

IMPORTANT Physician Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Maurice Kraunstein, M. D.
(Address) 562 Shirley St., Winthrop Date March 17 1948

21 Place of Burial, Cremation or Removal. Winthrop (City or Town) Winthrop
DATE OF BURIAL March 19 1948

22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop, Mass.

Received and filed MAR 23 1948 19
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

M R-302

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m-(b)-6-44-14607

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

RUTLAND (City or town making return)

Registered No. 46

1 PLACE OF DEATH: WORCESTER (County); RUTLAND (City or Town); No. Jewish Tuberculosis Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Karl Johnson (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 57 Beacon St. Winthrop, Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) Sanatorium (Specify whether) years months 13 days. In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 51 Years 1 Months 2 Days | If less than 1 day Hours Minutes

9 Usual Occupation: Kitchen helper

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) (State or country) Sweden

PARENTS

13 NAME OF FATHER: Frank Johnson

14 BIRTHPLACE OF FATHER (City) (State or country) Sweden

15 MAIDEN NAME OF MOTHER: Anna (not known)

16 BIRTHPLACE OF MOTHER (City) (State or country) Sweden

17 Informant (Address) Hospital Records (Relation, if any)

A TRUE COPY.
ATTEST: Frances P. Hanff (Registrar of city or town where death occurred)
DATE FILED March 19, 1948 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March (Month) 18, (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from March 5, 1948, to March 18, 1948, I last saw him alive on March 18 1948, death is said to have occurred on the date stated above, at 5:55 p. m.

Immediate cause of death Tuberculosis of the lungs — Duration

Due to

Due to

Other conditions Tuberculosis of intestines (Include pregnancy within 3 months of death)

Major findings: Of operations Date of

Of autopsy

What test confirmed diagnosis? X-ray and sputum

Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Heinz J. Lorge, M. D.
(Address) Rutland, Mass. Date 3/18 19 48

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop, Winthrop, Mass (Cemetery) (City or Town)
DATE OF BURIAL March 22, 1948 19

22 NAME OF FUNERAL DIRECTOR Maurice V. Kirby
ADDRESS Winthrop, Mass.

Received and filed APR 9 1948 19
(Registrar of City or Town where deceased resided)

R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 47

1 PLACE OF DEATH: Suffolk (County) ~~Boston~~ Winthrop (City or Town)
No. 268 River Road St. (If death occurred in a hospital or institution give its NAME instead of street and number)

2 FULL NAME Helen Susan Porter
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN-IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 268 River Road St. Winthrop, Mass
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) years months days. In this community 1 yrs. 4 mos. 22 days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: Single

5a If married, widowed or divorced HUSBAND of ..... (Give maiden name of wife in full)
(or) WIFE of ..... (Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 1 Years 4 Months 22 Days | If less than 1 day Hours Minutes

9 Usual Occupation: none

10 Industry or Business: none

11 Social Security No. none

12 BIRTHPLACE (City) (State or Country) Winthrop Mass

PARENTS
13 NAME OF FATHER Daniel Porter
14 BIRTHPLACE OF FATHER (City) (State or Country) Lithuania
15 MAIDEN NAME OF MOTHER Eva Cohen
16 BIRTHPLACE OF MOTHER (City) (State or Country) Boston, Mass

17 Informant Herbert Cohen (Relation, if any) Uncle
(Address) 268 River Rd. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter L. Baker
(Signature of Agent of Board of Health or other)
Health Officer 3/18/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March (Month) 18 (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from 3/12/, 1948, to 3/18/, 1948
I last saw her alive on 3/15, 1948 death is said to have occurred on the date stated above, at 6:30 P. m.

Immediate cause of death: Acute Upper Resp. infection — Duration IMPORTANT 1 wk.
Due to: Congenital Heart Disease — 16 mos.
Due to: Medical Examiner Declined Jurisdiction. C.L.
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Date of
Of autopsy no
What test confirmed diagnosis? Clinical

IMPORTANT Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Charles Lifermann M. D.
(Address) 26 Wave Way Ave. Winth. Date 3/18/1948

21 Winthrop Everett, Mass
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL March 19 1948

22 NAME OF FUNERAL DIRECTOR Benjamin Birnbach
ADDRESS 10 Washington St Dorchester

Received and Filed MAR 23 1948 19
(Registrar)

100M-7-46-19068

DEATH impairs health, so that it may be properly classified. Exact statement is VERY important.
See instructions and extracts from the laws on back of certificate.
If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

R-301 A

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-45-15510

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 48

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Timothy J. Mahaney
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 24 Edgehill Rd St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution 2 years months 5 days. In this community 72 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of Agnes Tobin (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 78 years

7 IF STILLBORN, enter that fact here.

8 AGE 80 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation Retired Supt. Streets

10 Industry or Business: Town of Winthrop

11 Social Security No.

12 BIRTHPLACE (City) (State or country) Ireland

PARENTS

13 NAME OF FATHER Bartholomew Mahaney

14 BIRTHPLACE OF FATHER (City) (State or country) Ireland

15 MAIDEN NAME OF MOTHER Mary McCarthy

16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

17 Informant Francis Mahaney (Relation, if any Son)
(Address) 63 Ingleside Ave

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter G. Baker
(Signature of Agent of Board of Health or other)
Health Officer 3/20/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 19 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from March 15 1948 to March 19 1948
I last saw him alive on March 19 1948 death is said to have occurred on the date stated above, at 2.15 P.M.

Immediate cause of death Cerebral thrombosis — Duration 2 days
Due to Partial left hemiplegia
Due to Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Partial left hemiplegia Date of 3/18/48
Of autopsy
What test confirmed diagnosis?

IMPORTANT
Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Charles Fullerton M. D.
(Address) B.I.H. Date 3-19 1948

21 Place of Burial, Cremation or Removal. Winthrop (City or Town) Winthrop
DATE OF BURIAL Mar. 22 1948

22 NAME OF FUNERAL DIRECTOR John H. O'Malley
ADDRESS Winthrop

Received and filed MAR 23 1948
(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given aud the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 49

1 PLACE OF DEATH
Suffolk County 4/21/48
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary T. Oliver nee King
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. No. 40 Witherbee Ave St. Revere
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) years months 17 days. In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: Widowed

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of William C. Oliver
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 78 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: housewife

10 Industry or Business: at home

11 Social Security No. none

12 BIRTHPLACE (City) Somerville
(State or country) Mass.

PARENTS

13 NAME OF FATHER John King

14 BIRTHPLACE OF FATHER (City)
(State or country) Ireland

15 MAIDEN NAME OF MOTHER Mary Wallace

16 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland

17 Informant Josephine King (Relation, if any sister)
(Address) 40 Witherbee Ave Revere

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter A. Baker
(Signature of Agent of Board of Health or other)
Health Officer 3/22/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 20 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from March 1, 1948, to March 20, 1948
I last saw her alive on March 19, 1948, death is said to have occurred on the date stated above, at 4:15 A.M.

Immediate cause of death
Carcinoma of Recto-Sigmoid — Duration: 6 mos.
Due to
Due to
Other conditions: None
(Include pregnancy within 3 months of death)

Major findings:
Of operations: Sigmoidoscopic Exam
Sigmoidoscopy Date of March 17-48
Of autopsy
What test confirmed diagnosis? Proctoscopy

IMPORTANT
Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) John J. Collins MD M. D.
(Address) Revere Mass Date Mar 22 1948

21 Calvary Concord N.H.
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL March 23 1948

22 NAME OF FUNERAL DIRECTOR T. Vincent Murray
ADDRESS Revere Mass.

Received and filed MAR 23 1948 19
(Registrar)

100m-(g)-1-43-15510

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

extracts from the laws on back of certificate.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 50

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 18 Marshall Street St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Hariett Jane (Corbett) Remick
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 18 Marshall St St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution ..... years months days. In this community 40 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of .....
(Give maiden name of wife in full)
(or) WIFE of Edmund B Remick
(Husband's name in full)

6 Age of husband or wife if alive 75 years

7 IF STILLBORN, enter that fact here.

8 AGE 73 Years 11 Months 12 Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Housewife

10 Industry or Business: Own home

11 Social Security No. None

12 BIRTHPLACE (City) Boston
(State or country) Mass.

PARENTS

13 NAME OF FATHER: William B Corbett

14 BIRTHPLACE OF FATHER (City) Unable to obtain
(State or country)

15 MAIDEN NAME OF MOTHER: Unable to obtain

16 BIRTHPLACE OF MOTHER (City) Unable to obtain
(State or country)

17 Informant Edmund B Corbett Remick (Husband) (Relation, if any)
(Address) 18 Marshall St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter G Baker
(Signature of Agent of Board of Health or other)

H.O.
(Official Designation)

3/22/48
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 20 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1948, to March 20, 1948

I last saw h... alive on March 19, 1948, death is said to have occurred on the date stated above, at 2 A m.

Immediate cause of death ..... Duration
Carcinomatosis
CARCINOMATOSIS
Due to Carcinoma heart 1 yr
CARCINOM
Due to .....
Other conditions
(Include pregnancy within 3 months of death)

IMPORTANT
Physician
Underline the cause to which death should be charged statistically.

Major findings:
Of operations .....
Date of .....
Of autopsy .....
What test confirmed diagnosis? .....

20 Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) C Fraskoness M. D.
(Address) 4 Washington Av Date 3-20 1948

21 Woodlawn Wellesley
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL March 22 1948

22 NAME OF FUNERAL DIRECTOR Howard L Reynolds
ADDRESS Winthrop Mass

Received and filed MAR 23 1948 19.....
(Registrar)

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-45-15510

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

R-301 A

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-45-15510

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 51

1 PLACE OF DEATH
(County) Suffolk
(City or Town) Winthrop
No. 44 Underhill St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Simon Saunders
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence, No. 44 Underhill St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution ..... years months days. In this community 4 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male
4 COLOR OR RACE: white
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): married

5a If married, widowed, or divorced
HUSBAND of ..... (Give maiden name of wife in full)
(or) WIFE of Dora Marcus (Husband's name in full)

6 Age of husband or wife if alive 60 years

7 IF STILLBORN, enter that fact here.

8 AGE 60 Years ... Months ... Days | If less than 1 day ... Hours ... Minutes

9 Usual Occupation: Retired

10 Industry or Business: Shoe Worker

11 Social Security No. none

12 BIRTHPLACE (City) (State or country) Russia

PARENTS

13 NAME OF FATHER Pinerus Saunders

14 BIRTHPLACE OF FATHER (City) (State or country) Russia

15 MAIDEN NAME OF MOTHER Freda Katolsky

16 BIRTHPLACE OF MOTHER (City) (State or country) Russia

17 Informant Dora Saunders (Relation, if any) (wife)
(Address) 44 Underhill St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter H. Baker
(Signature of Agent of Board of Health or other)
Health Officer 3/21/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March (Month) 20 (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Febr. 13th, 1946, to March 20, 1948
I last saw him alive on March 20, 1948, death is said to have occurred on the date stated above, at 9 05 P.M.

Immediate cause of death — Duration

IMPORTANT

Malignant peritonitis with axites — 3 weeks
Due to Disseminated carcinomatosis — ? 6 mos
Due to Recurrent carcinoma of colon — ? 3 years

Other conditions
(Include pregnancy within 3 months of death)

IMPORTANT

Major findings: Of operations Carcinomatosis
Date of Dec. 1947
Of autopsy
What test confirmed diagnosis? Pathological

Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Paul J. Weinsaft M. D.
(Address) 238 Shore Drive Date 3/20 1948

21 Pride's Crossing Lynn
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Mar. 21 1948

22 NAME OF FUNERAL DIRECTOR Philip Lynnan
ADDRESS Lynn

Received and filed 19
MAR 23 1948
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

I R-301 A

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-7-46-19068

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 52

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 260 Bowdoin St. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Clotilde E. Jones
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN-IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 260 Bowdoin St St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) years months days. In this community 40 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: Single

5a If married, widowed or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 62 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: Lawyer

10 Industry or Business: Law

11 Social Security No.

12 BIRTHPLACE (City) (State or Country): Boston Mass

PARENTS

13 NAME OF FATHER: James A Jones

14 BIRTHPLACE OF FATHER (City) (State or Country): Florida

15 MAIDEN NAME OF MOTHER: Ann Callahan

16 BIRTHPLACE OF MOTHER (City) (State or Country): Ireland

17 Informant: Gertrude Jones (Sister)
(Address) 260 Bowdoin St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter F. Baker
(Signature of Agent of Board of Health or other)
Health Officer 3/23/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 22, 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Mar. 1, 1948 to Mar. 22, 1948
I last saw h alive on Mar. 22, 1948 death is said to have occurred on the date stated above, at 10.30 A m.

Immediate cause of death Cerebral thrombosis — Duration 1 day
Due to Hypertension — 3 yrs.
Due to
Other conditions (Include pregnancy within 3 months of death)

IMPORTANT

Major findings: Of operations
Date of
Of autopsy
What test confirmed diagnosis?

IMPORTANT
Physician
Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Charles J. McInerney M. D.
(Address) Winthrop Date 3-22-1948

21 St Joseph's Boston Mass
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL March 24 1948

22 NAME OF FUNERAL DIRECTOR John F. O'Malley
ADDRESS Winthrop Mass.

Received and Filed MAR 25 1948 19
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registrar's No. 53

1 PLACE OF DEATH
Suffolk (County) Revere 4/2/48
Revere (City or Town)
No. Lindbrook Sanitarium Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Rose A. Murphy
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN—IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 165 Mt. Ave. Revere St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution (Before death) (Specify whether) years months 10 days. In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: Widow

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Charles A. Murphy (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 80 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: At Home

10 Industry or Business: Household

11 Social Security No.

12 BIRTHPLACE (City) (State or country) Bangor Maine

PARENTS

13 NAME OF FATHER: Hugh Sullivan

14 BIRTHPLACE OF FATHER (City) (State or country): Ireland

15 MAIDEN NAME OF MOTHER: Margaret McCann

16 BIRTHPLACE OF MOTHER (City) (State or country): Ireland

17 Informant: Cecil Murphy Relation, if any: (son)
(Address) 165 Mt. Ave. Revere

was filed with me BEFORE the burial or transit permit was issued:
I HEREBY CERTIFY that a satisfactory standard certificate of death

Walter L. Baker
(Signature of Agent of Board of Health or other)

Health Officer 3/25/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 23 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from December 20, 1947, to Mar 22, 1948,
I last saw he alive on Mar 22, 1948, death is said to have occurred on the date stated above, at 5-15 A. M.

	Duration IMPORTANT
Immediate cause of death: Chronic Myocarditis	4 yrs
Due to: Generalized arteriosclerosis	4 yrs
Due to: Chronic Intra-nephritis Inter. nephritis	8 yrs
Due to: Bronchial asthma	15 yrs
Other conditions (Include pregnancy within 3 months of death): Pernicious Anemia	5 yrs

IMPORTANT

Major findings:
Of operations Date of
Of autopsy
What test confirmed diagnosis? Clinical

Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Harold Muzzmar, M. D.
(Address) 67 Broadway Revere Date 3-24 1948

21 Holy Cross Malden
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL March 25 1948

22 NAME OF FUNERAL DIRECTOR R. J. Di Nill
ADDRESS Revere

Received and filed 19
MAR 29 1948
(Registrar)

If deceased was a U. S. War Veteran, G. L., Chap. 46, Sec. 10, requires physicians to insert a recital to that effect.

50m-(e)-3-43-11574

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

R-301 A

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-45-15510

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 54

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town)
No. Winthrop Community Hosp St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Annie Sisson
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 95 Sagamore Ave. St. Winthrop Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution (Before death) (Specify whether) years months 6 days. In this community 40 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Israel Sisson (Give maiden name of wife in full) (Husband's name in full)

6 Age of husband or wife if alive 73 years

7 IF STILLBORN, enter that fact here.

8 AGE 68 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: Housewife

10 Industry or Business: at Home

11 Social Security No. none

12 BIRTHPLACE (City) (State or country) Lithuania

PARENTS

13 NAME OF FATHER Jacob Levi

14 BIRTHPLACE OF FATHER (City) (State or country) Lithuania

15 MAIDEN NAME OF MOTHER Jennie (Cannot be learned)

16 BIRTHPLACE OF MOTHER (City) (State or country) Lithuania

17 Informant Israel Sisson (Relation if any Husband)
(Address) 95 Sagamore Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

Walter G. Baker
(Signature of Agent of Board of Health or other)

H.O. 3/25/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 24 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept. 1947 to 24 Mar. 1948
I last saw h.. alive on 24 Mar. 1948 death is said to have occurred on the date stated above, at 11:45 A.m.

Immediate cause of death — Duration
Brain Tumor — IMPORTANT 6 mos.
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) Bronchio-pneumonia — 2 days
Glioblastoma
Major findings: Of operations Glioblastoma of Left Temporo Frontal Lobe Date of Nov. 1947
Of autopsy Temporo Frontal Lobe
What test confirmed diagnosis?

IMPORTANT Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Charles Liberman M. D.
(Address) 26 Wave Way Ave. Winthrop Date 3/27/1948

21 Place of Burial, Cremation or Removal. Mount Auburn Cemetery (City or Town) Watertown Mass
DATE OF BURIAL March 25 1948

22 NAME OF FUNERAL DIRECTOR Benjamin Burdick
ADDRESS 10 Washington St. Dorchester

Received and filed MAR 25 1948 19
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town making return)

Registrar's Number 55

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 117A Locust Street St. (If death occurred in a hospital or institution give its NAME instead of street and number)

2 FULL NAME George Franklin Garland ~~M.D.~~
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN—IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No.

(a) Residence. No. 117A Locust Street St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) years (Specify whether) months days. In this community 14 years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male
4 COLOR OR RACE: white
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: married

5a If married, widowed, or divorced HUSBAND OF Laura V. Colburn
(Give maiden name of wife in full)
(or) WIFE OF
(Husband's name in full)

6 Age of husband or wife if alive 77 years

7 IF STILLBORN, enter that fact here.

8 AGE 80 Years 5 Months 19 Days | If less than 1 day Hours Minutes

9 Usual Occupation: retired

10 Industry or Business: physician

11 Social Security No. none

12 BIRTHPLACE (City) (State or country) Wakefield N.H.

PARENTS

13 NAME OF FATHER John Garland

14 BIRTHPLACE OF FATHER (City) (State or country) Wakefield N.H.

15 MAIDEN NAME OF MOTHER Ellen Watt

16 BIRTHPLACE OF MOTHER (City) (State or country) Canada P.Q.

17 Informant Laura V. Garland Relation Wife
(Address) 117A Locust St, Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter F. Baker M.D.
(Signature of Agent of Board of Health or other)
Health Officer 3/31/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March (Month) 28 (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Aug. 11, 1947 to Mar. 28, 1948
I last saw him alive on Mar. 27, 1948, death is said to have occurred on the date stated above, at 8.30 P.M.

Immediate cause of death Chronic myocarditis, with slight Ventricular failure — Duration Important 4 years
Due to
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) Generalized arteriosclerosis — 10 years Important
Major findings:
Of operations None
Date of
Of autopsy None
What test confirmed diagnosis? clinical

Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Gyrdie W. Dickinson M.D.
(Address) Winthrop, Mass. Date 3.29.1948

21 Place of Burial, Cremation or Removal. Mt Feake Cemetery, Waltham (City or Town)
DATE OF BURIAL March 31, 1948 19

22 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop St, Winthrop

Received and filed APR 1 1948 19
(Registrar)

A TRUE COPY ATTEST:

it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, C. L., Chap. 48, Sec. 10, requires physicians to insert a recital to that effect.

100m-(c)-3-46-18278

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

.....

301

it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L., Chap. 48, Sec. 10, requires physicians to insert a recital to that effect.

100m-(c)-3-46-18278

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return) .....

Registrar's Number 56

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. 282 Main St. (If death occurred in a hospital or institution give its NAME instead of street and number)

2 FULL NAME Louisa Lizzi Nee Santoro (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN—IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 282 Main St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ..... years ..... months ..... days. (Before death) (Specify whether) In this community 5 years ..... months ..... days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: Widow

5a If married, widowed, or divorced HUSBAND OF ..... (Give maiden name of wife in full)

(or) WIFE OF Michael Lizzi (Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 96 Years 8 Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Housewife

10 Industry or Business: —

11 Social Security No. —

12 BIRTHPLACE (City) Benevento (State or country) Italy

PARENTS

13 NAME OF FATHER John Santoro

14 BIRTHPLACE OF FATHER (City) Benevento (State or country) Italy

15 MAIDEN NAME OF MOTHER Unknown.

16 BIRTHPLACE OF MOTHER (City) Benevento (State or country) Italy

17 Informant Mary Iannuzzi Relation, if any (Daughter)
(Address) 282 Main St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter L. Baker (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 3/30/48 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March (Month) 29 (Day), 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan. 2, 1947 to Feb. 15, 1948

I last saw h. alive on Feb. 15, 1948, death is said to have occurred on the date stated above, at 12:15 A.M.

	Duration Important
Immediate cause of death: Hypertensive Coronary Disease	Sudden
Due to: Hypertension and coronary disease	1 yr. ago
Due to:	
Other conditions (Include pregnancy within 3 months of death)	Important
Major findings: Of operations ..... Date of	Physician — Underline the cause to which death should be charged statistically.
Of autopsy	
What test confirmed diagnosis?	

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) James J. Viaguso M.D.

(Address) 52 Pitt Cy. Hosp. Date 3/29 1948

21 Place of Burial, Cremation or Removal. Holy Cross (City or Town) Malden

DATE OF BURIAL March 31 1948

22 NAME OF FUNERAL DIRECTOR Ernest P. Caggiano

ADDRESS 147 Winthrop St Winthrop

Received and filed ..... 19 .....

APR 1 1948 (Registrar)

A TRUE COPY ATTEST:

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 57

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town)
No. 6 Wave Way Ave St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Annie Shpunt
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 6 Wave Way Ave St. Winthrop, Mass
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ..... years ..... months ..... days. In this community 40 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of ..... (Give maiden name of wife in full)
(or) WIFE of Samuel Shpunt (Husband's name in full)

6 Age of husband or wife if alive 77 years

7 IF STILLBORN, enter that fact here.

8 AGE 77 Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Housewife

10 Industry or Business: none

11 Social Security No. none

12 BIRTHPLACE (City) (State or country): Austria

PARENTS
13 NAME OF FATHER: Mordecia Edelstein
14 BIRTHPLACE OF FATHER (City) (State or country): Austria
15 MAIDEN NAME OF MOTHER: Baile (Cannot be learned)
16 BIRTHPLACE OF MOTHER (City) (State or country): Austria

17 Informant: Harry Shpunt (Relation, if any: Son)
(Address) 167 Fuller St. Brookline

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter G. Baker
(Signature of Agent of Board of Health or other)
Health Officer 5/3/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March (Month) 29 (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept., 1947, to 29 Mar., 1948.
I last saw her alive on 29 Mar., 1948, death is said to have occurred on the date stated above, at 7.30 P.m.

	Duration
Immediate cause of death: Cerebral Hemorrhage	3 days
Due to: Gen. & Cerebral Arteriosclerosis	5 yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

IMPORTANT — Physician: Underline the cause to which death should be charged statistically

Major findings:
Of operations ..... Date of .....
Of autopsy .....
What test confirmed diagnosis? Clinical

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Charles Liberman, M. D.
(Address) 26 Wave Way Ave. Winthrop Date 29 March 1948

21 Place of Burial, Cremation or Removal: Winthrop (City or Town) Mass
DATE OF BURIAL March 31 1948

22 NAME OF FUNERAL DIRECTOR: Benjamin Birnbach
ADDRESS 10 Washington St. Roxbury

Received and filed APR 1 1948 19.....
(Registrar)

100m-(g)-1-45-15510

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 58

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town) No. 42 Sunnyside Ave St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John H. Riley
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) Non

(a) Residence (Usual place of abode) No. 42 Sunnyside Ave St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) years months days. In this community 80 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of Ellen Harris (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 79 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: Teamster

10 Industry or Business: Retired

11 Social Security No. None

12 BIRTHPLACE (City) (State or country) St. John N.B.

PARENTS

13 NAME OF FATHER John Riley

14 BIRTHPLACE OF FATHER (City) (State or country) Ireland

15 MAIDEN NAME OF MOTHER Mary Cutter

16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

17 Informant Mary Ryan Relation to deceased Daughter
(Address) 42 Sunnyside Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter F. Parker
(Signature of Agent of Board of Health or other)
Health Officer 3/22/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March (Month) 20 (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from March 13, 1948, to March 19, 1948
I last saw him alive on March 19, 1948 death is said to have occurred on the date stated above, at 12:30 A.M.

Immediate cause of death: Myocardial heart disease — Duration: IMPORTANT years
Due to: Arteriosclerosis generalized — years
Due to: senility
Other conditions (Include pregnancy within 3 months of death)

IMPORTANT — Physician: Underline the cause to which death should be charged statistically.

Major findings:
Of operations Date of
Of autopsy
What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify.
(Signed) Joseph Gregoire, M. D.
(Address) 336 Summer St. Date 3/20 1948

21 Place of Burial, Cremation or Removal. Holy Cross (City or Town) Malden
DATE OF BURIAL March 23 1948

22 NAME OF FUNERAL DIRECTOR Frederick J. Magnath
ADDRESS East Boston

Received and filed MAR 23 1948 19
(Registrar)

Form, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.
If deceased was a U. S. War Veteran, G. L. Chap. 45, Section 10, requires physicians to insert a recital to that effect.

100m(i)-1-44-13634

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert iu the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

RM R-302

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

25M-(f)-11-42 10746

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Tewksbury State Hospital and Infirmary
(City or town making return)

Registered No. 9 59

1 PLACE OF DEATH
Middlesex (County)
Tewksbury, Mass. (City or Town)
No. Tewksbury State Hospital and Infirmary St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William J. Kennedy (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence, No. 64 Moore St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution - years 2 months 4 days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 66 Years - Months - Days | If less than 1 day Hours Minutes

9 Usual Occupation: Laborer

10 Industry or Business:

11 Social Security No. Not learned

12 BIRTHPLACE (City) East Boston
(State or country) Mass.

PARENTS

13 NAME OF FATHER: Thomas Kennedy

14 BIRTHPLACE OF FATHER (City) Not learned
(State or country) Ireland

15 MAIDEN NAME OF MOTHER: Mary (not learned)

16 BIRTHPLACE OF MOTHER (City) Not learned
(State or country) Ireland

17 Informant: Hospital Records (Relation, if any)
(Address)

A TRUE COPY.
ATTEST: C. Winthrop Houghton M.D. Supt.
(Registrar of city or town where death occurred)
DATE FILED Jan. 15 1948

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan. 15 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Nov. 11, 1947, to Jan. 15, 1948
I last saw him alive on Jan. 15, 1948, death is said to have occurred on the date stated above, at 1:30 A. m.

	Duration
Immediate cause of death: Arteriosclerotic Heart Dis.	Yrs.
Due to: Generalized Arteriosclerosis	Yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings: Of operations: Date of
Of autopsy
What test confirmed diagnosis? Clinical

Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) H.B. Grainger, M. D.
(Address) T. S. H. & I., Tewksbury Date 1/15 1948

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop, Winthrop
(Cemetery) (City or Town)
DATE OF BURIAL Jan. 19 1948

22 NAME OF FUNERAL DIRECTOR John F. O'Maley
ADDRESS 70 Atlantic St., Winthrop

Received and filed MAY 5 1948 19
(Registrar of City or Town where deceased resided)

RM R-302

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Boston
(City or town making return)

Registered No. 1965 60

1 PLACE OF DEATH
Suffolk (County)
Boston (City or Town)
No. Beth Israel Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Freda Levy (If U. S. War Veteran, specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 53 Trident Ave. St. Winthrop Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) years months 14 days. In this community yrs. mos. days. (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F
4 COLOR OR RACE: W
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Samuel Levy
(Give maiden name of wife in full)
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 63 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: Housewife

10 Industry or Business:

11 Social Security No. None

12 BIRTHPLACE (City) (State or country) Russia

PARENTS

13 NAME OF FATHER: Samuel Schwam

14 BIRTHPLACE OF FATHER (City) (State or country): Russia

15 MAIDEN NAME OF MOTHER: Gertrude ----

16 BIRTHPLACE OF MOTHER (City) (State or country): Russia

17 Informant (Address): Hyman Levy (Relation, if any: Son)

A TRUE COPY ATTEST: Michael J. Hannon
(Registrar of city or town where death occurred)

DATE FILED March 1 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb. 25/48
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Feb. 11, 148, to Feb. 25, 19 48
I last saw her alive on Feb. 25, 19 48, death is said to have occurred on the date stated above, at 9:30AM m.

Immediate cause of death	Duration
Pulmonary fibrosis	10 Yrs
Bronchiectasis	5 Yrs
Due to	
Due to R.L.L. Lobar pneumonia	3 Wks.

Other conditions (Include pregnancy within 3 months of death)

Major findings: None
Of operations
Date of
Of autopsy As above
What test confirmed diagnosis? autopsy

Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Frank Ratner, M. D.
(Address) Beth Israel Hospt Date 2-25 19 48

21 PLACE OF BURIAL, CREMATION OR REMOVAL Abramson (Lebanon) (Cemetery) West Roxbury (City or Town)
DATE OF BURIAL Feb. 27/48 19

22 NAME OF FUNERAL DIRECTOR B. F. Solomon
ADDRESS Brookline Mass.

Received and filed APR 13 1948 19
(Registrar of City or Town where deceased resided)

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m-(b)-6-44-14607

RM R-302

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

BOSTON (City or town making return)

Registered No. 216261

1 PLACE OF DEATH: Suffolk (County); Boston (City or Town); No. Carney Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Gaetano Oliva (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR) 2

(a) Residence. No. 20 Wilshire St. Winthrop (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution (Before death) years 1 months days. (Specify whether) In this community yrs. 1 mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 24 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: farmer

10 Industry or Business: Farm

11 Social Security No. none

12 BIRTHPLACE (City) (State or country): E Boston

PARENTS

13 NAME OF FATHER: Vincent Oliva

14 BIRTHPLACE OF FATHER (City) (State or country): Italy

15 MAIDEN NAME OF MOTHER: Vincenza Miranda

16 BIRTHPLACE OF MOTHER (City) (State or country): Italy

17 Informant (Address): father (Relation, if any)

A TRUE COPY. ATTEST: Michael J. Manning (Registrar of city or town where death occurred)

DATE FILED 3/5/48 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: Mar. 1/48 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 1/30/48, 19, to 3/1/48, 19, I last saw h 1m alive on 3/1/48, 19, death is said to have occurred on the date stated above, at 4 55a m.

Immediate cause of death: Uremia — Duration

Due to: bilat hypoplastic kidneys

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings: Of operations: Date of: Of autopsy: What test confirmed diagnosis?

Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J P Fotopoulos M. D.

(Address) Carney Hosp Date 3/1/48

21 PLACE OF BURIAL, CREMATION OR REMOVAL: Winthrop (Cemetery) Winthrop (City or Town)

DATE OF BURIAL 3/4/48 19

22 NAME OF FUNERAL DIRECTOR: S Rocco

ADDRESS: Everett

Received and filed MAR 29 1948 19

(Registrar of City or Town where deceased resided)

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

30m-(b)-6-44-14607

By Tel "Probably congenital disease of kidneys" Dr. Fotopoulos

Date of entering military service	3/19/43
Date of discharge	3/13/46
Rank Rating	PFC
Org and outfit	Bat B 897th F A Bat.
Service No.	31305024

M R-302

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m-(b)-6-44-14607

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

BOSTON
(City or town making return)

Registered No. 2358 62

1 PLACE OF DEATH
(County)
(City or Town)
No. Mass. Gen. Hosp The Baker Mem. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Cecile M. Cotter (If U. S. War Veteran, specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 54 Center St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution years months 25 days. In this community yrs. mos. 25 days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F
4 COLOR OR RACE: W
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of John J Cotter
(Give maiden name of wife in full)
(Husband's name in full)

6 Age of husband or wife if alive 75 years

7 IF STILLBORN, enter that fact here.

8 AGE 73 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: Housewife

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Boston
(State or country)

PARENTS

13 NAME OF FATHER William Flaherty

14 BIRTHPLACE OF FATHER (City) Boston
(State or country)

15 MAIDEN NAME OF MOTHER Catherine Merrigan

16 BIRTHPLACE OF MOTHER (City) Boston
(State or country)

17 Informant Husband (Relation, if any)
(Address)

A TRUE COPY.
ATTEST:
(Registrar of city or town where death occurred)
DATE FILED 3/11/48 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 8/48
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 2/12/48, 19, to 3/8/48, 19
I last saw her alive on 3/8/48, 19, death is said to have occurred on the date stated above, at 5 45A m.

	Duration
Immediate cause of death: Carcinomatosis general	1 yr
Due to: carcinoma lt breast	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Exploratory laparotomy
Date of 2/27/48
Of autopsy
What test confirmed diagnosis?

Physician: Underline the cause to which death should be charged statistically.

20 Was disease or Injury in any way related to occupation of deceased?
If so, specify
(Signed) W T S Thorndike, M. D.
(Address) Mass Gen Hosp Date 19

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) Winthrop (City or Town)
DATE OF BURIAL 3/10/48 19

22 NAME OF FUNERAL DIRECTOR J F O'Maley
ADDRESS Winthrop

Received and filed APR 22 1948 19
(Registrar of City or Town where deceased resided)

RM R-302

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Boston
(City or town making return)

Registered No. 2410 63

1 PLACE OF DEATH
Suffolk (County)
Boston (City or Town)
No. Beth Israel Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Rose Cohen (If U. S. War Veteran, specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 17 Cutler St. Winthrop Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ..... years months 12 days. In this community yrs. mos. 12 days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F
4 COLOR OR RACE: W
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Samuel Cohen
(Give maiden name of wife in full)
(Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 73 Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Housewife

10 Industry or Business: At Home

11 Social Security No. ----

12 BIRTHPLACE (City) New York City N.Y.
(State or country)

PARENTS

13 NAME OF FATHER: Abraham Levy

14 BIRTHPLACE OF FATHER (City) Russia
(State or country)

15 MAIDEN NAME OF MOTHER: ---- ----

16 BIRTHPLACE OF MOTHER (City) Russia
(State or country)

17 Informant Mrs E Sandler Relation if any Daughter
(Address)

A TRUE COPY.
ATTEST: Michael D. Mannix
(Registrar of city or town where death occurred)

DATE FILED March 15 19 48

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 10/48
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Feb. 28, 19 48, to March 9, 19 48
I last saw her alive on March 9, 19 48, death is said to have occurred on the date stated above, at 2:20AM m.

	Duration
Immediate cause of death: Cerebro vascular accident	5-6 Days
Due to: Cerebral arterio sclerosis	Years
Due to: Hypertension	Years
Other conditions: Congestive heart failure (Include pregnancy within 3 months of death)	Years

Physician: Underline the cause to which death should be charged statistically.

Major findings: None
Of operations ..... Date of .....
Of autopsy None
What test confirmed diagnosis? .....

20 Was disease or injury in any way related to occupation of deceased? .....
If so, specify No
(Signed) M. W. Hamolsky, M.D.
(Address) Beth Israel Hospt Date 3-10 19 48

21 PLACE OF BURIAL, CREMATION OR REMOVAL Tifereth Israel of Winthrop (Cemetery) Everett Mass. (City or Town)
DATE OF BURIAL March 11/48 19

22 NAME OF FUNERAL DIRECTOR L Levine
ADDRESS Brookline Mass.

Received and filed APR 23 1948 19
(Registrar of City or Town where deceased resided)

50m-(b)-6-44-14607

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

RM R-302

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

30m-(b)-6-44-14607

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Boston
(City or town making return)

Registered No. 2400 64

1 PLACE OF DEATH
Suffolk (County)
Boston (City or Town)
No. Starr Nursing Home St. (If death occurred in a hospital or institution, give ite NAME instead of etreet and number)

2 FULL NAME Philip Schiff (If U. S. War Veteran, specify WAR)
(If deceased ie a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 271 Shirley St. Winthrop Mass.
(Usual place of abode) (If nonresident, give city or town and State)
Length of stay: In hospital or institution years 2 months days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M
4 COLOR OR RACE: W
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Lizzie Strachun (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 63 years

7 IF STILLBORN, enter that fact here.

8 AGE 61 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: Printer

10 Industry or Business: Print Shop

11 Social Security No. 021-20-2685

12 BIRTHPLACE (City) (State or country) Russia

PARENTS
13 NAME OF FATHER: Louis Schiff
14 BIRTHPLACE OF FATHER (City) (State or country): Russia
15 MAIDEN NAME OF MOTHER: Ida S ----
16 BIRTHPLACE OF MOTHER (City) (State or country): Russia

17 Informant (Relation, if any): L Schiff (Son)
(Address)

A TRUE COPY. ATTEST: Michael J. Manning
(Registrar of city or town where death occurred)
DATE FILED March 15/48 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 10/48 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1947, to March 10 1948
I last saw him alive on March 10 1948, death is said to have occurred on the date stated above, at 1:30P m.

Immediate cause of death — Duration
Cachexia and emaciation — May/47
Due to Carcinoma of sigmoid
Due to Metastases to liver
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Adenoca.sigmoid
Date of May 1947
Of autopsy
What test confirmed diagnosis? Path.exam.

Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) H Bengloff, M. D.
(Address) Boston Mass Date 3-10 1948

21 PLACE OF BURIAL, CREMATION OR REMOVAL Int.Worker's Order Cem. (Cemetery) Everett (City or Town)
DATE OF BURIAL March 11/48 19

22 NAME OF FUNERAL DIRECTOR L Schlossberg
ADDRESS Mattapan Mass.

Received and filed APR 22 1948 19
(Registrar of City or Town where deceased resided)

RM R-302

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-802 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

30m-(b)-6-44-14607

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Boston
(City or town making return)

Registered No. 25365

1 PLACE OF DEATH: Suffolk (County); Boston (City or Town); No. Glenside Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Addie L Eaton
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 90 Sagamore Road St. Winthrop Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) years 1 months 26 days. (Specify whether) In this community yrs. 1 mos. 26 days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F
4 COLOR OR RACE: W
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Widow

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of John A Eaton (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 77 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: At Home

10 Industry or Business:

11 Social Security No. None

12 BIRTHPLACE (City) (State or country) Jamaica Plain Mass.

PARENTS

13 NAME OF FATHER: Anton Mosman

14 BIRTHPLACE OF FATHER (City) (State or country): Germany

15 MAIDEN NAME OF MOTHER: Adeline Reynolds

16 BIRTHPLACE OF MOTHER (City) (State or country): Boston Mass.

17 Informant (Address): J A Eaton Jr (Relation, if any: Son)

A TRUE COPY. ATTEST: [signature]
(Registrar of city or town where death occurred)

DATE FILED March 18 19 48

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: March 13/48 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan. 15, 19 48, to March 13 19 48
I last saw h er alive on March 12 19 48 death is said to have occurred on the date stated above, at 3 AM m.

Immediate cause of death: Broncho pneumonia — Duration: Days

Due to: Generalized arterio sclerosis — Yrs

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings: Of operations: Date of:
Of autopsy:
What test confirmed diagnosis? Clinical findings

Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) J F Murphy M. D.
(Address) Glenside Hosp Date 3-13-- 19 48

21 PLACE OF BURIAL, CREMATION OR REMOVAL: Forest Hills Cremation (Cemetery) Boston (City or town)
DATE OF BURIAL March 16/48 19

22 NAME OF FUNERAL DIRECTOR: Robert Bell
ADDRESS: Brookline Mass.

Received and filed APR 29 1948 19
(Registrar of City or Town where deceased resided)

M R-302

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

REVERE
(City or town making return)

Registered No. 66

1 PLACE OF DEATH
Suffolk (County)
Revere (City or Town)
No. Revere General Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Edith S. Salmon (Deverell)
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 88 Winthrop St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution Hospital – years – months 7 days. In this community 17 yrs. – mos. – days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Harold S. Salmon
(Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 66 Years – Months – Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Housewife

10 Industry or Business: Own Home

11 Social Security No. None

12 BIRTHPLACE (City) (State or country) England

PARENTS

13 NAME OF FATHER Francis Deverell

14 BIRTHPLACE OF FATHER (City) (State or country) England

15 MAIDEN NAME OF MOTHER Annie Atterton

16 BIRTHPLACE OF MOTHER (City) (State or country) England

17 Informant Edith Salmon (Relation, if any Daughter)
(Address) 88 Winthrop St Winthrop

A TRUE COPY.
ATTEST: Joseph F. Whistel
(Registrar of city or town where death occurred)

DATE FILED March 22, 1948

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 13, 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Mar. 8, 1948, to Mar. 13, 1948
I last saw her alive on Mar. 13, 1948, death is said to have occurred on the date stated above, at 11:45P. m.

	Duration
Immediate cause of death Bronchopneumonia (Terminal)	2 days
Due to Cerebrovascular accident	6 days
Due to arteriosclerosis generalized. Hypertension essential	years

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations ..... Date of .....
Of autopsy
What test confirmed diagnosis?

Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Joseph Gregorie, M. D.
(Address) 200 Washington Ave. Winthrop Date 3/15, 48

21 PLACE OF BURIAL, CREMATION OR REMOVAL Arlington Cemetery (Cemetery) Arlington, Va. (City or Town)
DATE OF BURIAL March 17 1948

22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop, Mass.

Received and filed APR 15 1948 19
(Registrar of City or Town where deceased resided)

Copies of returns of deaths recorded during the month shall be transmitted in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m-(b)-6-44-14607

M R-302

Copies of reports of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m-(b)-6-44-14607

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Westborough
(City or town making return)

Registered No. 62 67

1 PLACE OF DEATH
Worcester (County)
Westborough (City or Town)
No. Westborough State Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Christopher Stephenson (If U. S. War Veteran, specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution Hospital 47 years 6 months 29 days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male
4 COLOR OR RACE: white
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): single

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 84 Years 4 Months 1 Days | If less than 1 day Hours Minutes

9 Usual Occupation: Glazier

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City)
(State or country) Ireland

PARENTS

13 NAME OF FATHER Richard Stephenson

14 BIRTHPLACE OF FATHER (City)
(State or country) Ireland

15 MAIDEN NAME OF MOTHER --- Buttler

16 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland

17 Informant Westborough State (Relation, if any)
(Address) Hospital records

A TRUE COPY. Pamela A. Dunne
ATTEST:
(Registrar of city or town where death occurred)

DATE FILED March 31 1948

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 17, 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from March 22, 1947, to March 17, 1948
I last saw him alive on March 17, 1948, death is said to have occurred on the date stated above, at 4:00 p. m.

Immediate cause of death — Duration
General Arteriosclerosis
Due to
Due to
Other conditions none
(Include pregnancy within 3 months of death)
Major findings: Of operations none
Date of
Of autopsy none
What test confirmed diagnosis? Clinical Findings

Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Lee W. Darrah M. D.
(Address) Westboro, Mass. Date 3-17 1948

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop, Winthrop
(Cemetery) (City or Town)
DATE OF BURIAL March 19 1948

22 NAME OF FUNERAL DIRECTOR Irving W. Harper
ADDRESS Westboro, Mass.

Received and filed APR 13 1948 19
(Registrar of City or Town where deceased resided)

RM R-305

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Boston
(City or town making return)

Registered No. 282868

1 PLACE OF DEATH
Suffolk (County)
Boston (City or Town)
No. Naval Fargo Barracks St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Francis P Gilfoyle
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 872 Shirley St. Winthrop Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution ..... years months days. In this community 5 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M
4 COLOR OR RACE: W
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Winifred J Boyle
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive 40 years

7 IF STILLBORN, enter that fact here.

8 AGE 45 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: Clerk

10 Industry or Business: Post Office Dept.

11 Social Security No. Unknown

12 BIRTHPLACE (City) (State or country) Boston Mass.

PARENTS

13 NAME OF FATHER: Michael J Gilfoyle

14 BIRTHPLACE OF FATHER (City) (State or country): Ireland

15 MAIDEN NAME OF MOTHER: Mary Leary

16 BIRTHPLACE OF MOTHER (City) (State or country): Boston Mass

17 Informant (Address): Wife (Relation, if any)

A TRUE COPY
ATTEST: Michael J Manning
(Registrar of city or town where death occurred)

DATE FILED March 26 19 48

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 22/48
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
Coronary thrombosis

20 Accident, suicide, or homicide (specify) Sudden death
Date of occurrence 19
Where did Injury occur? ..... (City or town and State)
Did injury occur in or about the home, on farm, in industrial place, or in public place? ..... (Specify type of place)
Manner of Injury
Nature of Injury
While at work? Was there an autopsy? No

21 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) A R Moritz M.D.
(Address) 25 Shattuck St Date 3-23 19 48

22 Holy Cross-Malden Mass.
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL March 25/48 19

23 NAME OF FUNERAL DIRECTOR F X McArdle
ADDRESS Charlestown Mass.

Received and filed 19
MAY 5 1948
(Registrar of City or Town where deceased resided)

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-(d)-6-43-12056

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registrar's No. 69

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Comunity Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Nora Buckley
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN—IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 18 Green St. Revere St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution (Before death) (Specify whether) years months 7 days. In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: white
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: widow

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Daniel Buckley
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 78 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: At Home

10 Industry or Business: Household

11 Social Security No.

12 BIRTHPLACE (City) (State or country) Ireland

PARENTS

13 NAME OF FATHER Daniel O. Leary

14 BIRTHPLACE OF FATHER (City) (State or country) Ireland

15 MAIDEN NAME OF MOTHER Mary Scanlan

16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

17 Informant Ann T. Kelley Relation, if any (Address) 7 Pratt St. Revere

was filed with me BEFORE the burial or transit permit was issued:
I HEREBY CERTIFY that a satisfactory standard certificate of death

Walter F. Walker
(Signature of Agent of Board of Health or other)

Health Officer 4/2/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 1 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from March 18, 1948, to April 1, 1948
I last saw her alive on April 1, 1948, death is said to have occurred on the date stated above, at 8.00 P.M.

Immediate cause of death Cancer of the Right Lung — Duration IMPORTANT 8 weeks

Due to

Due to

Other conditions None
(Include pregnancy within 3 months of death)

IMPORTANT Physician — Underline the cause to which death should be charged statistically.

Major findings: Of operations None
Date of
Of autopsy None
What test confirmed diagnosis? X. Ray

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) John J. Collins, M. D.
(Address) Revere Mass Date April 2 1948

21 St. Joseph West Roxbury
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL April 5 1948

22 NAME OF FUNERAL DIRECTOR R. J. De Mill
ADDRESS Revere

Received and filed APR 6 1948 19
(Registrar)

01 A
from the laws on back of certificate.
If deceased was a U. S. War Veteran, G. L., Chap. 46, Sec. 10, requires physicians to insert a recital to that effect.
50m-(e)-3-43-11574

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

R-301 A

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
See instructions and extracts from the laws on back of certificate.
If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-7-46-19068

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 70

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town)
No. 63 Crest Ave St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Agnes Epps (Ready)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN-IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. (Usual place of abode) 63 Crest Ave St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) years months days. In this community 18 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: Married

5a If married, widowed or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of William Joseph Epps (Husband's name in full)

6 Age of husband or wife if alive 74 years

7 IF STILLBORN, enter that fact here.

8 AGE 80 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: Housewife

10 Industry or Business: Own Home

11 Social Security No.

12 BIRTHPLACE (City) (State or Country): Roxbury Mass

PARENTS
13 NAME OF FATHER: Michael J Ready
14 BIRTHPLACE OF FATHER (City) (State or Country): Ireland
15 MAIDEN NAME OF MOTHER: Ellen Fleming
16 BIRTHPLACE OF MOTHER (City) (State or Country): Ireland

17 Informant: Agnes Epps (Relation, if any) Daughter
(Address) 63 Crest Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter J. Baker
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation) 4/3/48 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: April (Month) 2 (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1947, to April 2, 1948
I last saw h[illegible] alive on April 2, 1948, death is said to have occurred on the date stated above, at 7:15 A m.

Immediate cause of death Bronchopneumonia — Duration 1 Day
Due to Cerebral Hemorrhage — 5 Days
Due to Hypertension — 2 yrs.

IMPORTANT

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Date of
Of autopsy
What test confirmed diagnosis?

IMPORTANT Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) George H. Kelmont, M. D.
(Address) 19 Pleasant St Eb Date 4/2 1948

21 Place of Burial, Cremation or Removal: Calvary Boston (City or Town)
DATE OF BURIAL April 5 1948

22 NAME OF FUNERAL DIRECTOR John F. O'Malley
ADDRESS Winthrop Mass

Received and Filed APR 6 1948 (Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

R-301 A

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-7-46-19068

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 71

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town)

No. 30 Fremont St St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN-IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

2 FULL NAME Charles J. Lavoix
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 30 Fremont St St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) years months days. In this community 47 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: Married

5a If married, widowed or divorced HUSBAND of Nellie R McCarthy
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive 71 years

7 IF STILLBORN, enter that fact here.

8 AGE 78 Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: Carpenter

10 Industry or Business: Builder

11 Social Security No.

12 BIRTHPLACE (City) (State or Country): Cambridge Mass

PARENTS

13 NAME OF FATHER: Charles Lavoix

14 BIRTHPLACE OF FATHER (City) (State or Country): Canada

15 MAIDEN NAME OF MOTHER: Edmire Cyr

16 BIRTHPLACE OF MOTHER (City) (State or Country): Canada

17 Informant (Address): Charles Lavoix 30 Fremont St (Relation, if any) Son

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter G. Baker
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation)
4/5/48
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April (Month) 3 (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from March, 1948, to April 3, 1948
I last saw h alive on April 3, 1948, death is said to have occurred on the date stated above, at 3.30 P.M.

Immediate cause of death: Hypostatic Pneumonia 1 wk

Due to: Myocarditis

Due to: Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Date of

Of autopsy

What test confirmed diagnosis?

Duration IMPORTANT

IMPORTANT Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) P. J. Mahoney, M. D.
(Address) 4 Winthrop Ave Date 4-5-1948

21 Place of Burial, Cremation or Removal: Winthrop (City or Town)
DATE OF BURIAL April 6 1948 19

22 NAME OF FUNERAL DIRECTOR John F. O'Malley
ADDRESS Winthrop

Received and Filed APR 6 1948 19
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

R-301 A

See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-10-47-22153

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 72

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. 394 Shirley St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Samuel Brass
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN-IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) None

(a) Residence. No. 394 Shirley St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution None years months days. (Before death) (Specify whether) In this community 12 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE (write the word) MARRIED ~~WIDOWED~~ or ~~DIVORCED~~: Married

5a If married, widowed or divorced HUSBAND of Ada S Heinen
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive 66 years

7 IF STILLBORN, enter that fact here.

8 AGE 73 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: Retired Waste Material Dealer

10 Industry or Business: Waste Material

11 Social Security No. None

12 BIRTHPLACE (City) (State or Country) Russia

PARENTS

13 NAME OF FATHER Bernard Brass

14 BIRTHPLACE OF FATHER (City) (State or Country) Russia

15 MAIDEN NAME OF MOTHER Florence (CBL)

16 BIRTHPLACE OF MOTHER (City) (State or Country) Russia

17 Informant Harry Brass (Relation, if any) Son
(Address) 11 Sea Foam Ave, Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter L. Baker
(Signature of Agent of Board of Health or other)
Health Officer 4/5/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 5 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Nov 11, 1947, to April 5, 1948
I last saw h. ~~m~~ alive on April 5, 1948, death is said to have occurred on the date stated above, at 4:50 A m.

Immediate cause of death: Cardiac Failure — Duration IMPORTANT: 3 hrs.

Due to: Coronary Heart Disease — 15 yrs

Due to:

Other conditions (Include pregnancy within 3 months of death): Cancer of Esophagus — ? 6 mos

IMPORTANT Physician — Underline the cause to which death should be charged statistically.

Major findings: Of operations
Date of
Of autopsy
What test confirmed diagnosis? Biopsy

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Bernard Brass M. D.
(Address) 394 Shirley St Winthrop Date April 5 1948

21 Bessabrian Cem. Forest
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL April 5 1948

22 NAME OF FUNERAL DIRECTOR H. J. Tort
ADDRESS 151 Washington Ave. Chelsea

Received and Filed APR 6 1948 19
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

1 R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 73

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. Winthrop Community Hosp. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME (Female) Chandler
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 73 Cambridge Ave St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ..... years months days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): S

5a If married, widowed, or divorced
HUSBAND of .....
(Give maiden name of wife in full)
(or) WIFE of .....
(Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here. Stillborn

8 AGE ..... Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: .....

10 Industry or Business: .....

11 Social Security No. .....

12 BIRTHPLACE (City) (State or country): Winthrop

PARENTS

13 NAME OF FATHER: Henry F. Chandler Jr.

14 BIRTHPLACE OF FATHER (City) (State or country): West Roxbury Mass.

15 MAIDEN NAME OF MOTHER: Phyllis Mae Kay

16 BIRTHPLACE OF MOTHER (City) (State or country): Boston Mass

17 Informant: Henry F. Chandler Jr. (Relation, if any: Father)
(Address) 73 Cambridge Ave

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter H. Bakeman Jr.
(Signature of Agent of Board of Health or other)

Health Officer 4/13/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: April (Month) 11 (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from April 11, 1948, to April 11, 1948.
I last saw h..... alive on ....., 19 ....., death is said to have occurred on the date stated above, at ..... m.

Duration

Immediate cause of death: Still born (full term)

IMPORTANT

Due to Asphyxia (Secondary cause)

Due to Asphyxia cause

Other conditions (Include pregnancy within 3 months of death)

IMPORTANT

Major findings: Of operations: none

Date of .....

Of autopsy .....

What test confirmed diagnosis? .....

Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) G. Lane Gates Jr. M. D.
(Address) 67 Cambridge St. Date 4-12 1948

21 Winthrop County Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL 4-13-48 19 .....

22 NAME OF FUNERAL DIRECTOR Maurice Tivy
ADDRESS 4 Winthrop St.

Received and filed ..... 19 .....
APR 13 1948
(Registrar)

100m-(g)-1-45-15510

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

Failure to supply information under DATE OF DEATH, PERSONAL AND STATISTICAL PARTICULARS and MEDICAL CERTIFICATE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

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Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

R-301 A

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-45-15510

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 721

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Nicolena (De Simone) (Masciello) ~~Masciella~~ (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 22 Almont Street St. Winthrop Mass. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In hospital or institution Hospital years months 1½ days. In this community 3 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White ~~Italian~~

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of ... (Give maiden name of wife in full)
(or) WIFE of Vincenzo Masciello (Husband's name in full)

6 Age of husband or wife if alive ... years

7 IF STILLBORN, enter that fact here.

8 AGE 74 Years 7 Months 9 Days | If less than 1 day ... Hours ... Minutes

9 Usual Occupation: Housewife

10 Industry or Business: —

11 Social Security No. —

12 BIRTHPLACE (City) Mirabella (State or country) Italy

PARENTS

13 NAME OF FATHER Prisco De Simone

14 BIRTHPLACE OF FATHER (City) Mirabella (State or country) Italy

15 MAIDEN NAME OF MOTHER Maria Cappuccio

16 BIRTHPLACE OF MOTHER (City) Mirabella (State or country) Italy

17 Informant Louise Lazzarino (Relation, if any) Daughter
(Address) 22 Almont St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter L. Baker M.D.
(Signature of Agent of Board of Health or other)
Health Officer 4/16/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April (Month) 15, (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from April 10, 1948, to April 15, 1948
I last saw her alive on April 15, 1948, death is said to have occurred on the date stated above, at 11 a.m.

Immediate cause of death: Pulmonary Edema — Duration IMPORTANT 4/14/48

Due to: Cerebral Hemorrhage, Left Hemiplegia — 4/14/48

Due to: Arteriosclerosis, Hypertension, Hypertensive Heart Disease — 7 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations ... Date of ...
Of autopsy ...
What test confirmed diagnosis? Clinically

IMPORTANT Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify ...
(Signed) Louis E. Bolmquist M. D.
(Address) 14 Bennington St Date 4/15 1948

21 St. Michaels Cemetery Boston Mass
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Apr 19 1948

22 NAME OF FUNERAL DIRECTOR Ernest P. Cleggmann
ADDRESS 147 Winthrop St W Winthrop

Received and filed APR 16 1948 19...
(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a persou whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any memher of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and helief the name of the deceased, his supposed age, the disease of which he died, defined as required hy section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required hy the preceding section or hy section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the hest of his knowledge and helief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert iu the certificate a recital to that effect, specifying the war, and shall also certify in such certificate hoth the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, he deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican horder service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall hury or otherwise dispose of a human hody in a town, or remove therefrom a human hody which has not heen huried, until he has received a permit from the hoard of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomh to another in the same cemetery, until he has received a permit from the hoard of health or its agent aforesaid or from the clerk of the town where the hody is huried. No such permit shall be issued until there shall have heen delivered to such hoard, agent or clerk, as the case may he, a satisfactory written statement containing the facts required hy law to he returned and recorded, which shall he accompanied, in case of an original interment, hy a satisfactory certificate of the attending physician, if any, as required hy law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot he ohtained early enough for the purpose, or is insufficient, a physician who is a memher of the hoard of health, or employed hy it or hy the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused hy violence, the medical examiner shall make such certificate. If such a permit for the removal of a human hody, not previously interred, from one town to another within the commonwealth cannot he ohtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such hody shall he returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has heen engaged, such recital shall appear upon the permit. The hoard of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given aud the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be ohtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead hodies of only such persons as are supposed to have died hy violence. If a medical examiner has notice that there is within his county the hody of such a person, he shall forthwith go to the place where the hody lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall hury a human hody or the ashes thereof which have heen brought into the commonwealth until he has received a permit so to do from the hoard of health or its agent appointed to issue such permits, or if there is no such hoard, from the clerk of the town where the hody is to he huried or the funeral is to he held, or from a person appointed to have the care of the cemetery or hurial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the ohservance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given hedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disahled hy recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is ahsent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and hy the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following ahortion, hut also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disahled hy recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morhid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can he known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may he returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation hy the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

R-301 A

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-45-15510

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 75

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 30 Atlantic Street St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William Edward Kelly
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 30 Atlantic Street St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ..... years months days. In this community 26 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Lillian Conohan
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive 71 years

7 IF STILLBORN, enter that fact here.

8 AGE 79 Years 5 Months 9 Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Retired

10 Industry or Business: Bridge Worker

11 Social Security No. 010-20-0202

12 BIRTHPLACE (City) (State or country) Novia Scotia

PARENTS

13 NAME OF FATHER William Kelly

14 BIRTHPLACE OF FATHER (City) (State or country) Novia Scotia

15 MAIDEN NAME OF MOTHER Ethelam Rhodes

16 BIRTHPLACE OF MOTHER (City) (State or country) Novia Scotia

17 Informant Lillian Kelly Wife
(Address) 30 Atlantic St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter F. Baker
(Signature of Agent of Board of Health or other)
Health Officer 4/21/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April (Month) 19 (Day) 1948. (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan 17, 1945, to April 19, 1948
I last saw him alive on April 17, 1948, death is said to have occurred on the date stated above, at 1:30 A.m.

Immediate cause of death	Duration
Coronary Thrombosis	3 day
Due to	
Due to Hypertension	2 yrs
Other conditions (Include pregnancy within 3 months of death)	

IMPORTANT

Major findings:
Of operations
Date of
Of autopsy
What test confirmed diagnosis?

IMPORTANT Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Louis F. Salerno M. D.
(Address) 75 Pleasant St Date April 19, 1948

21 Place of Burial, Cremation or Removal Winthrop (City or Town) Winthrop
DATE OF BURIAL April 21 1948

22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop Mass

Received and filed APR 21 1948 19
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

R-301 A

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-45-15510

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 76

1 PLACE OF DEATH: Suffolk (County) Maine 3/6/48
Winthrop (City or Town)
No. 255 Main St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Olof Sundstrom
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. (Usual place of abode) No. Berwick Maine St. (Maine) (If nonresident, give city or town and State)

Length of stay: In hospital or institution 1 (Before death) years (Specify whether) months days. In this community 3 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Clara E. Erickson (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 69 years

7 IF STILLBORN, enter that fact here. L

8 AGE 67 Years 5 Months 19 Days | If less than 1 day Hours Minutes

9 Usual Occupation: Retired - Farmer

10 Industry or Business: Own farm.

11 Social Security No. None

12 BIRTHPLACE (City) (State or country) Bygdea - Sweden

PARENTS

13 NAME OF FATHER Neilson Sundstrom

14 BIRTHPLACE OF FATHER (City) (State or country) Bygdea Sweden

15 MAIDEN NAME OF MOTHER Mitilda Johnson

16 BIRTHPLACE OF MOTHER (City) (State or country) Bygdea Sweden

17 Informant Mrs. Clara Sundstrom (Relation, if any Wife)
(Address) No. Berwick, Maine

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter G. Baker
(Signature of Agent of Board of Health or other)

Health Officer 4/23/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 23, 1948 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept 6, 1945, to April 23, 1948
I last saw him alive on April 23, 1945, death is said to have occurred on the date stated above, at 7 am m.

Immediate cause of death — Duration — IMPORTANT
Pulmonary Edema — April 19/48
Due to Cerebral Hemorrhage — Aug 1944
Due to Arteriosclerosis Hypertensive heart disease — 1940

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Date of
Of autopsy
What test confirmed diagnosis? Clinical Exam

IMPORTANT — Physician — Underline the cause to which death should be charged statistically

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) James E. Blake M. D.
(Address) 148 Main St. Date 4/23 1948

21 Hillside No. Berwick Maine
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL April 25 1948

22 NAME OF FUNERAL DIRECTOR David Fudge & Son, Inc.
ADDRESS 100 Highland Ave, Somerville Mass

Received and filed APR 23 1948 19
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained herennder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given aud the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 77

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Baby (boy) ~~Butore~~ Butare
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 45 Pearl St. St. Medford
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution Hosp. years months 1 days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of
(Give maiden name of wife in full)
(Husband's name in full)

6 Age of husband or wife if alive / years

7 IF STILLBORN, enter that fact here. ~~Stillborn~~

8 AGE Years Months 1 Days | If less than 1 day Hours Minutes

9 Usual Occupation:

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) (State or country): Winthrop

PARENTS
13 NAME OF FATHER: Joseph Butore
14 BIRTHPLACE OF FATHER (City) (State or country): Boston
15 MAIDEN NAME OF MOTHER: Louise Alderizzio
16 BIRTHPLACE OF MOTHER (City) (State or country): Haverhill, Mass.

17 Informant: Joseph Butare (Relation, if any: Father)
(Address) 45 Pearl St. Medford

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter G. Baker M.D.
(Signature of Agent of Board of Health or other)
Health Officer 4/30/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: April (Month) 24 (Day) 48 (Year)

19 I HEREBY CERTIFY, That I attended deceased from April 23 1948, to April 24, 1948
I last saw him alive on April 23, 1948, death is said to have occurred on the date stated above, at 4 25 28 a m.

Immediate cause of death
Atelectasis
Atelectasis
Due to Prematurity 6½ mo
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Date of
Of autopsy
What test confirmed diagnosis? Direct fundoscopy

Duration

IMPORTANT
Physician
Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Louis E. Schneider M. D.
(Address) 19 Bennet St. Date 4/25 1948

21 St. Michael Cemetery Boston
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL April 28 1948

22 NAME OF FUNERAL DIRECTOR Vincent Papino
ADDRESS 9 Chelsea St. East Boston

Received and filed MAY 3 1948
(Registrar)

100m-(g)-1-45-15510

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

Section 12 that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or Its Agent.

Registered No. 78

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. 47 Bellevue Ave. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Louis L. Palmer
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN—IMPORTANT (Was deceased a U. S. War Veteran, If so specify WAR)

(a) Residence. No. 47 Bellevue Ave. St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ..... years months days. In this community 30 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of Maude S Scott (Give maiden name of wife in full)
(or) WIFE of ..... (Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 68 Years 11 Months 27 Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Superintendent

10 Industry or Business: Gas & Light Co.

11 Social Security No. 023-10-6991

12 BIRTHPLACE (City) East Boston (State or country) Mass.

PARENTS

13 NAME OF FATHER: Leavitt Palmer

14 BIRTHPLACE OF FATHER (City) Hingham (State or country) Mass.

15 MAIDEN NAME OF MOTHER: Unable to obtain

16 BIRTHPLACE OF MOTHER (City) Hingham (State or country) Mass.

17 Informant: Willis Johnson Relation, if any: Nephew
(Address) 47 Bellevue Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter F. Baker
(Signature of Agent of Board of Health or other)

Health Officer 4/29/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April - 27 - 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Cancer of Neck cervical Pathological fractures of Cervical vertebrae. Arterio Sclerotic Heart Disease

20 Accident, suicide, or homicide (specify) .....
Date of occurrence ..... 19 .....
Where did injury occur? ..... (City or town and State)
Did injury occur in or about home, on farm, in industrial place, or in public place? ..... (Specify type of place)
Manner of Injury .....
Nature of Injury .....
While at work? ..... Was there an autopsy? .....

21 Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) John J. Buckley, M. D.
(Address) Boston April 28 1948

22 Place of Burial, Cremation or Removal. Hingham (City or Town) Hingham
DATE OF BURIAL April 30 1948

23 NAME OF FUNERAL DIRECTOR Howard S Reynolds
ADDRESS Winthrop Mass

Received and filed ..... 19 .....
MAY 3 1948
(Registrar)

so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect

50m-(f)-6-43-12056

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—General Laws, Chap. 38, Sec. 7.

. . . The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and *manner* thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause* its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person) .....

.....

.....

.....

.....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—General Laws, Chap. 38, Sec. 14.

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

M R-302

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

BOSTON (City or town making return)

Registered No. 4077

1 PLACE OF DEATH — County: SUFFOLK — City or Town: BOSTON

No. Mass. General Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Anna McCulley (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 46 Winthrop St. Winthrop Mass (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ..... years months days. (Before death) (Specify whether) In this community 35 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Widow

5a If married, widowed, or divorced HUSBAND of ..... (Give maiden name of wife in full) (or) WIFE of Robert McCulley (Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 56 Years 11 Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Housewife

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) (State or country): Phila Pa

PARENTS

13 NAME OF FATHER: James Gaynor

14 BIRTHPLACE OF FATHER (City) (State or country): Phila Pa

15 MAIDEN NAME OF MOTHER: Annie Coyle

16 BIRTHPLACE OF MOTHER (City) (State or country): Phila Pa

17 Informant: Mrs. Anna DiLorenzo dau (Relation, if any) (Address) 46 Winthrop St Winthrop

A TRUE COPY ATTEST: Michael F. Manning (Registrar of city or town where death occurred)

DATE FILED May 3 1948

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 28, 1948 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Apr 27, 1948, to Apr 28, 1948

I last saw her alive on Apr 28, 1948 death is said to have occurred on the date stated above, at 1:08A m.

Immediate cause of death	Duration
Congestive heart failure	1 day
Due to Coronary thrombosis	2 days
Due to	
Other conditions (Include pregnancy within 3 months of death) Acute gastro-duodenitis	?
Diabetes mellitus	

Major findings: None
Of operations ..... Date of .....
Of autopsy As above
What test confirmed diagnosis? Autopsy

Underline the cause to which death should be charged statistically. Physician

20 Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) W T S Thorndike, M. D.
(Address) Asst Dir MGH Date 4/28 1948

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) Winthrop (City or Town)
DATE OF BURIAL May 1 1948

22 NAME OF FUNERAL DIRECTOR E P Caggiano
ADDRESS Winthrop

Received and filed MAY 21 1948 (Registrar of City or Town where deceased resided)

50m-(b)-6-44-14607

Copies of records of births, marriages and deaths, for use within your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

1 R-302

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Chelsea
(City or town making return)

Registered No. 30

1 PLACE OF DEATH
Suffolk (County)
Chelsea (City or Town)
No. Chelsea Memorial Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Catherine Ann Ronayne (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 42 Wordsworth Ave. St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ..... years months 4 days. In this community yrs. mos. 4 days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: Single

5a If married, widowed, or divorced
HUSBAND of .....
(Give maiden name of wife in full)
(or) WIFE of .....
(Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE ..... Years ..... Months 4 Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: .....

10 Industry or Business: .....

11 Social Security No. .....

12 BIRTHPLACE (City) Chelsea
(State or country) Mass.

PARENTS

13 NAME OF FATHER

14 BIRTHPLACE OF FATHER (City) .....
(State or country) Mass.

15 MAIDEN NAME OF MOTHER Ann Harrington

16 BIRTHPLACE OF MOTHER (City) East Boston
(State or country) Mass.

17 Informant ..... (Relation, if any: Father)
(Address) 42 Wordsworth Ave., Winthrop

A TRUE COPY.
ATTEST: Joseph A. Turrell
(Registrar of city or town where death occurred)
DATE FILED 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 28, 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from April 24, 1948 to April 28, 1948
I last saw her alive on April 28, 1948, death is said to have occurred on the date stated above, at 8:15 A m.

Immediate cause of death	Duration
Prematurity	4 days
Due to Atelectasis	
Aspiration of Mucous	
Due to Subarachnoid Hemorrhage	

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations ..... Date of 4/30/48
Of autopsy As above
What test confirmed diagnosis? Autopsy

Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Dante L. Adelizzi, M. D.
(Address) East Boston Date 5/1 1948

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) Winthrop (City or Town)
DATE OF BURIAL May 4 1948

22 NAME OF FUNERAL DIRECTOR Kirby Bros.
ADDRESS Winthrop

Received and filed 19
(Registrar of City or Town where deceased resided)

resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m-(b)-6-44-14607

MAY 22 1943

I R-301 A

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-10-47-22153

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 81

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. 115 Locust St St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Justin C B. Pinkham (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN-IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. (Usual place of abode) No. 115 Locust St. St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) years months days. In this community 35 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: Married

5a If married, widowed or divorced HUSBAND of Mary L. Sullivan (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 60 years

7 IF STILLBORN, enter that fact here.

8 AGE 61 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: Painter

10 Industry or Business: House

11 Social Security No. 025--12--1988

12 BIRTHPLACE (City) Boothbay (State or Country) Me.

PARENTS

13 NAME OF FATHER: Wesley Pinkham

14 BIRTHPLACE OF FATHER (City) Boothbay (State or Country) Me.

15 MAIDEN NAME OF MOTHER: Francena Hodgton

16 BIRTHPLACE OF MOTHER (City) Boothbay (State or Country) Me.

17 Informant: Mary Pinkham (Relation, if any) wife
(Address) 115 Locust St

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter F. Baker (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 5/3/48 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: MAY (Month) 1st (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 1, 1948, to 5/1, 1948, 19.... I last saw him alive on May 1, 1948, death is said to have occurred on the date stated above, at 5 05 p. m.

Immediate cause of death: Cerebral hemorrage — Duration: 2 hours

Due to: Hypertension — Duration: unknown

Due to: Generalized arterio sclerosis — Duration: unknown

(Medical examiner waived jurisdiction)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Date of

Of autopsy

What test confirmed diagnosis? Clinical

IMPORTANT — Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Paul Otherson M. D.
(Address) 235 Shore Drive Winthrop Date 5/2 1948

21 St. Benedict Boston
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL May 4 1948 19

22 NAME OF FUNERAL DIRECTOR John F. O'Malley
ADDRESS Winthrop

Received and Filed MAY 5 1948 19
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

R-301 A

Chelsea 6/7/48

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 82

1 PLACE OF DEATH (County) .....
(City or Town) Winthrop
No. Winthrop Comm. Hosp. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Girl Tatelbaum
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) .....

(a) Residence. No. 41 Cottage St. Chelsea
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ..... years months days. In this community —— yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): ——

5a If married, widowed, or divorced
HUSBAND of .....
(Give maiden name of wife in full)
(or) WIFE of .....
(Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here. STILLBORN

8 AGE ..... Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: —— ——

10 Industry or Business: —— ——

11 Social Security No. —— ——

12 BIRTHPLACE (City) (State or country) Winthrop

PARENTS

13 NAME OF FATHER Morris Tatelbaum

14 BIRTHPLACE OF FATHER (City) (State or country) Russia

15 MAIDEN NAME OF MOTHER Freda Selznick

16 BIRTHPLACE OF MOTHER (City) (State or country) Chelsea Mass.

17 Informant Israel Selznick (Uncle) Relation, if any
(Address) 335 Bainbridge St. Malden

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter F. Gale M.D.
(Signature of Agent of Board of Health or other)

Health Officer 5/3/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 2 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19....., death is said to have occurred on the date stated above, at ..... m.

Immediate cause of death
FETAL DEATH IN UTERO

Duration
IMPORTANT about 1 wk.

Due to .....

Due to .....

Other conditions
(Include pregnancy within 3 months of death)

IMPORTANT
Physician
Underline the cause to which death should be charged statistically.

Major findings:
Of operations .....
Date of .....
Of autopsy .....
What test confirmed diagnosis? Clinical findings

20 Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Maurice O. Nelson M. D.
(Address) 1998 Cre Stan Winthrop Date 7/2 1948

21 Mount Lebanon Cemetery Revere
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL ~~Before~~ West 1 May 3 1948

22 NAME OF FUNERAL DIRECTOR Louis Schlossberg
ADDRESS 1272 Blue Hill Ave Mattapan

Received and filed APR 5 1948 19.....
MAY 5 1948 (Registrar)

100m-(g)-1-45-15510

Number of copies of this certificate may be obtained from the City or Town Clerk. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has beeu engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

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Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

R-301 A

Boston 4/7/48

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 83

1 PLACE OF DEATH
(County) Suffolk
(City or Town) Winthrop
No. Winthrop Community Hosp. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Ann Bradford
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 687 Saratoga St. East Boston
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution Hosp. years months 3 days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here. /

8 AGE Years Months 3 Days | If less than 1 day Hours Minutes

9 Usual Occupation: None

10 Industry or Business:

11 Social Security No. None

12 BIRTHPLACE (City) Winthrop
(State or country) Mass

PARENTS

13 NAME OF FATHER William Bradford

14 BIRTHPLACE OF FATHER (City) East Boston
(State or country) Mass

15 MAIDEN NAME OF MOTHER Emily Santoro

16 BIRTHPLACE OF MOTHER (City) East Boston
(State or country) Mass

17 Informant William Bradford Relation, if any (Son)
(Address) Saratoga St. E. B.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter F. Baker
(Signature of Agent of Board of Health or other)

Health Officer
(Official Designation)

5/5/48
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May (Month) 4 (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 2, 1948 to May 4, 1948

I last saw her alive on 5/4/48, 19 , death is said to have occurred on the date stated above, at 5 a.m. 5:15 a.m.

Immediate cause of death Arteriosclerosis Obliterans

Due to Pneumonia

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations Date of
Of autopsy
What test confirmed diagnosis? Clinical

Duration
IMPORTANT

IMPORTANT
Physician
Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) [illegible] M. D.
(Address) 193 [illegible] Date 5/7 1948

21 Place of Burial, Cremation or Removal. St. Michael's Boston (City or Town)
DATE OF BURIAL May 5 1948

22 NAME OF FUNERAL DIRECTOR Fancy & Di Carlo
ADDRESS 107 Maverick St. E. B.

Received and filed 19
MAY 13 1948
(Registrar)

100m-(g)-1-45-15510

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

extracts from the laws on back of certificate.

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

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No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

2-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 81

1 PLACE OF DEATH: Suffolk (County) Boston 6/1/48
Winthrop (City or Town)
No. 93 Hermon St., St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ella Elizabeth Robertson (nee Ward)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 12 Princeton St., St. East Boston, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution — years months days. In this community 53 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Widow

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Artemus Robertson
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 76 Years 5 Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: none

10 Industry or Business: at home

11 Social Security No. none

12 BIRTHPLACE (City) Harcourt
(State or country) New Brunswick

PARENTS

13 NAME OF FATHER John D. Ward

14 BIRTHPLACE OF FATHER (City) Bass River
(State or country) New Brunswick

15 MAIDEN NAME OF MOTHER Henrietta McPherson

16 BIRTHPLACE OF MOTHER (City) Unknown
(State or country) New Brunswick

17 Informant Frank H. Robertson (Relation, if any son)
(Address) 65 Cushing St., Cambridge

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter A. Baker
(Signature of Agent of Board of Health or other)
Health Officer 5/10/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May (Month) 7 (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from January, 1948, to May 7, 1948, I last saw her alive on May 7, 1948, death is said to have occurred on the date stated above, at 11.00 P.m.

Immediate cause of death	Duration
Carcinomatosis	IMPORTANT 5 mos
Due to Carcinoma of colon and uterus	? 1 year
Due to	
Other conditions (Include pregnancy within 3 months of death) Hypertension	unknown

IMPORTANT Physician: Underline the cause to which death should be charged statistically.

Major findings: Of operations Mass. Gen. Hosp. Dec. 1947
Ca of colon Date of Dec. 1947
Of autopsy
What test confirmed diagnosis? clinical

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Paul F. Weinsaft, M. D.
(Address) 138 Lowell St. Winthrop, Date 5/7/48 19

21 Woodlawn Everett
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL May 11, 1948

22 NAME OF FUNERAL DIRECTOR L. E. Parker
ADDRESS 300 Meridian St., E. Boston

Received and filed MAY 13 1948 19
(Registrar)

extracts from the laws on back of certificate.
If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-6-2-42-8855

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

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R-301 A

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-10-47-22153

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent

Registered No. 85

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. 105 Cottage Ave St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Letitia Beaudoin (Brugnani) (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN-IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 105 COttage Ave St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ..... years months days. (Before death) (Specify whether) In this community 25 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: Married

5a If married, widowed or divorced HUSBAND of ..... (Give maiden name of wife in full) (or) WIFE of George F. Beaudoin (Husband's name in full)

6 Age of husband or wife if alive 48 years

7 IF STILLBORN, enter that fact here.

8 AGE 39 Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Housewife

10 Industry or Business:

11 Social Security No. 033-22-8722

12 BIRTHPLACE (City) Boston (State or Country) Mass

PARENTS

13 NAME OF FATHER: Hector Brugnani

14 BIRTHPLACE OF FATHER (City) ..... (State or Country) Italy

15 MAIDEN NAME OF MOTHER: Eugenia Faure

16 BIRTHPLACE OF MOTHER (City) ..... (State or Country) France

17 Informant George F. Beaudoin (Relation if any) husband (Address) 105 Cottage Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter G. Bakley (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 5/10/48 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May (Month) 8 (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from April 29, 19 48, to May 8, 19 48 I last saw h alive on May 7, 19 48 death is said to have occurred on the date stated above, at 6 A m.

Immediate cause of death Metastatic metastatic carcinoma lung

Due to Carcinoma breast

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations C A breast Date of Oct 1947

Of autopsy

What test confirmed diagnosis? X-ray

Duration

IMPORTANT

IMPORTANT Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? ..... If so, specify ..... (Signed) Charles [illegible] M. D. (Address) Winthrop Date 5-6-48 19

21 Place of Burial, Cremation or Removal. Winthrop (City or Town) DATE OF BURIAL May 10 1948

22 NAME OF FUNERAL DIRECTOR John H. Maley ADDRESS Winthrop Mass

Received and Filed MAY 13 1948 19 (Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 86

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. 86 Sagamore Ave. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Benjamin Lewis Almeda
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 86 Sagamore Ave. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ..... years months days. In this community 40 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of Mary A Hendrick
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 80 Years 2 Months 0 Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Salesman

10 Industry or Business: Hardware

11 Social Security No. 031-05-7909

12 BIRTHPLACE (City) Boston
(State or country) Mass.

PARENTS

13 NAME OF FATHER John Almeda

14 BIRTHPLACE OF FATHER (City)
(State or country) Portugal

15 MAIDEN NAME OF MOTHER MACHELNA MARTIN

16 BIRTHPLACE OF MOTHER (City) Portugal
(State or country)

17 Informant Walter B Almeda Son Relation, if any
(Address) 277 S. Main St Cohasset Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter L. Baker M.D.
(Signature of Agent of Board of Health or other)
Health Officer 5/11/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May (Month) 9 (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 25, 1940 to May 9, 1948, I last saw him alive on May 8, 1948, death is said to have occurred on the date stated above, at 8:30 A.M.

Immediate cause of death Pyelo-nephritis (Bilateral) — Duration: 1 year

Due to Uremia — 4 days

Due to Arteriosclerosis — 3 yrs

Due to Senility — 6 mos.

Other conditions (Include pregnancy within 3 months of death) none

Major findings: Of operations none

Date of

Of autopsy none

What test confirmed diagnosis? clinical & laboratory

IMPORTANT Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Jacob J. Adams M.D. M. D.
(Address) 562 Hilley St Date 5/10/48

21 Winthrop Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL May 11 1948

22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop Mass.

Received and filed MAY 13 1948 19
(Registrar)

100m-(g)-1-43-15510

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

Failure to file it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall fortbwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of tbe family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which be died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive hy the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of deatb as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in whicb it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and tbe secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, sucb physician or officer shall forfeit ten dollars. For the purposes of tbis section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place hetween February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or otber person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if tbere is no such board, from tbe clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to anotber in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No sucb permit shall be issued until there sball have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, tbe medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained bereunder. If the deatb certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in whicb it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given aud tbe physician certifying tbe cause of death shall thereafter furnisb for registration any other necessary information which can be ohtained as to the deceased, or as to the manner or cause of the death, which tbe clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of tbe dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county tbe body of such a person, he shall forthwith go to the place where the hody lies and take charge of tbe same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof wbicb have been hrought into tbe commonwealth until be has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in whicb the interment is made. . . . Cbap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as tbose of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose pbysician is absent from home wben the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means tbe disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name tbe disease causing deatb. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—botel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

R-301 A

See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-7-46-19068

Surgical Boston 6/7/48

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 87

1 PLACE OF DEATH (County) Winthrop Comm. Hospital
(City or Town) Winthrop
No. Winthrop Comm. Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Girl Guarino
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN-IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence No. 243 Boston Street St. Hoverchester, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) years months days. In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: Single

5a If married, widowed or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here. Still Born

8 AGE Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: none

10 Industry or Business: none

11 Social Security No. none

12 BIRTHPLACE (City) (State or Country) Winthrop, Mass.

PARENTS

13 NAME OF FATHER Salvatore Guarino

14 BIRTHPLACE OF FATHER (City) (State or Country) Boston, Mass.

15 MAIDEN NAME OF MOTHER Anna Guarino

16 BIRTHPLACE OF MOTHER (City) (State or Country) Boston, Mass.

17 Informant (Address) Salvatore Guarino (Relation, if any Father)
243 Boston St. Hoverchester, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter F. Baker M.D.
(Signature of Agent of Board of Health or other)

Health Officer 5/10/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May (Month) 9 (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19
I last saw h alive on , 19 , death is said to have occurred on the date stated above, at m.

Immediate cause of death
Still born
Due to
Due to Mongolian Idiot

Duration IMPORTANT

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Date of
Of autopsy
What test confirmed diagnosis? clinical

IMPORTANT Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Charles Salumi, M. D.
(Address) 342 Commonwealth Ave. Date 5/10/1948

21 Place of Burial, Cremation or Removal St. Michael's, Roslindale Mass. (City or Town)
DATE OF BURIAL May 10, 1948 19

22 NAME OF FUNERAL DIRECTOR Fred Mello Russo
ADDRESS 25 Prince Street, Boston, Mass.

Received and Filed MAY 13 1948 19
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 88

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hosp. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Jane T. Tally
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. No. 137 County Rd. St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution Hosp. years 1 months 9 days. In this community 22 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: Single

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 75 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: at home

10 Industry or Business: " "

11 Social Security No. none

12 BIRTHPLACE (City) Boston
(State or country) Mass.

PARENTS

13 NAME OF FATHER Patrick G. Tally

14 BIRTHPLACE OF FATHER (City) —
(State or country) Ireland

15 MAIDEN NAME OF MOTHER Margaret Norton

16 BIRTHPLACE OF MOTHER (City) —
(State or country) Ireland

17 Informant Margaret Foley (Relation, if any Niece)
(Address) 431 Washington St Brookline

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter F. Baker
(Signature of Agent of Board of Health or other)
Health Officer 5/11/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 10 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 3-31, 1948, to 5-10, 1948
I last saw h. alive on 5-9, 1948, death is said to have occurred on the date stated above, at 5:45 a.m.

Immediate cause of death Carcinoma colon

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Date of

Of autopsy

What test confirmed diagnosis?

Duration
IMPORTANT
IMPORTANT
Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) P. Smithwick M. D.
(Address) Winthrop Date 5-11-1948

21 Calvary Cem. Boston
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL May 12 1948

22 NAME OF FUNERAL DIRECTOR Edw. M. Fitzgibbon
ADDRESS 1428 Dorchester Ave Dorchester

Received and filed 19
MAY 13 1948
(Registrar)

extracts from the laws on back of certificate.
If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-45-15510

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

R-302

resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

30m-(b)-6-44-14607

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

BOSTON
(City or town making return)

Registered No. 445489

1 PLACE OF DEATH — SUFFOLK (County) BOSTON (City or Town)
No. Boston City Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Vincent Fischer (If U. S. War Veteran, specify WAR) WW I
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 22 Pleasant Pk Rd St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ..... years months 6 days. In this community 25 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of Minnie Pantuosco
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive 48 years

7 IF STILLBORN, enter that fact here.

8 AGE 57 Years 11 Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Shoe worker

10 Industry or Business: Shoe business

11 Social Security No. 029-09-3978

12 BIRTHPLACE (City) (State or country) Italy

PARENTS
13 NAME OF FATHER: Vincent Fischer
14 BIRTHPLACE OF FATHER (City) (State or country) Italy
15 MAIDEN NAME OF MOTHER: Marian Farrara
16 BIRTHPLACE OF MOTHER (City) (State or country) Italy

17 Informant Minnie Fischer (Relation, if any wife)
(Address) 22 Pleasant Pk Rd Winthrop

A TRUE COPY
ATTEST: Michael F Manning
(Registrar of city or town where death occurred)
DATE FILED May 17 1948 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 11 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 7, 1948, to May 11, 1948
I last saw h..... alive on ..... 19..., death is said to have occurred on the date stated above, at 2:05 P m.

Immediate cause of death	Duration
Due to Surgical shock	3 hrs
Due to Carcinoma of stomach	4 mo

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Of operations Sub-total Gastrectomy Date of 5/11/48
Of autopsy
What test confirmed diagnosis?

Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) M W O'Connell, M. D.
(Address) B C H Date 5/12 1948

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) Winthrop (City or Town)
DATE OF BURIAL May 14 1948 19

22 NAME OF FUNERAL DIRECTOR E P Caggiano
ADDRESS Winthrop

Received and filed MAY 21 1948 19
(Registrar of City or Town where deceased resided)

Date of entering military service	June 24 1918
Date of discharge	Jan 24 1919
Rank, rating	Private
Organization and outfit	Co E 42 Infantry Camp Upton N Y
Service number	2726727

R-302

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Boston
(City or town making return)

Registered No. 4424 90

1 PLACE OF DEATH
Suffolk (County)
Boston (City or Town)
No. Mass. General Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Lena Rahlan (If U. S. War Veteran, specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 149 Locust St. Winthrop Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ..... years months 1 days. In this community 11 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F
4 COLOR OR RACE: W
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of .....
(Give maiden name of wife in full)
(or) WIFE of Harry Rahlan
(Husband's name in full)

6 Age of husband or wife if alive 41 years

7 IF STILLBORN, enter that fact here.

8 AGE 40 Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Housewife

10 Industry or Business: .....

11 Social Security No. .....

12 BIRTHPLACE (City) (State or country): England

PARENTS

13 NAME OF FATHER: Benjamin Babson

14 BIRTHPLACE OF FATHER (City) (State or country): Russia

15 MAIDEN NAME OF MOTHER: Mary Goldstein

16 BIRTHPLACE OF MOTHER (City) (State or country): Russia

17 Informant (Address): Father (Relation, if any)

A TRUE COPY.
ATTEST: [signature]
(Registrar of city or town where death occurred)

DATE FILED May 14 1948

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 11/48
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 10, 1948, to May 11, 1948, I last saw her alive on May 11, 1948, death is said to have occurred on the date stated above, at 7:30P m.

Immediate cause of death: Brain tumor — Duration: At least 1 Month

xxx Type undetermined

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

Major findings: Of operations Craniotomy May 10/48
Date of .....
Of autopsy .....
What test confirmed diagnosis? autopsy

Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) F Haase Jr. M. D.
(Address) Mass. General Hospt Date 5-12, 1948

21 PLACE OF BURIAL, CREMATION OR REMOVAL Pride of Boston-Woburn Mass.
(Cemetery) (City or Town)
DATE OF BURIAL May 12/48 19

22 NAME OF FUNERAL DIRECTOR B Birnbach
ADDRESS Dorchester Mass.

Received and filed MAY 21 1948 19
(Registrar of City or Town where deceased resided)

Resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m-(b)-6-44-14607

2-301 A

extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 45, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-45-15510

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 91

1 PLACE OF DEATH
Suffolk Revere 5/7/48 (County)
Winthrop (City or Town)
No. WinthropCommunity Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME BABY BOY PEPI
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 356 Beach St., Revere, Mass. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ..... years months days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OR RACE White
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED

5a If married, widowed, or divorced
HUSBAND of .....
(Give maiden name of wife in full)
(or) WIFE of .....
(Husband's name in full)

6 Age of husband or wife if alive ✓ years

7 IF STILLBORN, enter that fact here. Stillborn

8 AGE ..... Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: .....

10 Industry or Business: .....

11 Social Security No. .....

12 BIRTHPLACE (City) Winthrop
(State or country) Mass.

PARENTS

13 NAME OF FATHER John F. Pepi

14 BIRTHPLACE OF FATHER (City) Salerno
(State or country) Italy

15 MAIDEN NAME OF MOTHER Dorothy Gillis

16 BIRTHPLACE OF MOTHER (City) Revere
(State or country) Mass.

17 Informant John F. Pepi (Relation, if any Father)
(Address) 356 Beach St., Revere, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter H. Makepeace
(Signature of Agent of Board of Health or other)

Health Officer 5/17/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 14 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19....., death is said to have occurred on the date stated above, at ..... m.

Immediate cause of death
FETAL DEATH IN UTERO — Duration: about 1 wks

Due to .....

Due to .....

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations ..... Date of .....
Of autopsy .....
What test confirmed diagnosis? .....

IMPORTANT
Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Maurice O. Nelson, M. D.
(Address) 199 Shore Drive, Revere Date 5/14 1948

21 Place of Burial, Cremation or Removal: Holy Cross Cemetery (City or Town) Malden
DATE OF BURIAL May 17 1948

22 NAME OF FUNERAL DIRECTOR William E. Pepi
ADDRESS 971 Saratoga St. East Boston.

Received and filed MAY 17 1948 19.....
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town making return)

Registrar's Number 92

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town)

No. Bay View Nursing Home, 41 Washington Ave (If death occurred in a hospital or institution give its NAME instead of street and number)

2 FULL NAME William Patten Gerrish (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN—IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) NO.

(a) Residence. No. 98 Bellevue Avenue St. (Usual place of abode) (If nonresident, give city or town and State)

Winthrop Community Hospital 3 months

Length of stay: In hospital or institution (Before death) years months 3 days. (Specify whether) Nursing Home In this community 38 years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: widowed

5a If married, widowed, or divorced HUSBAND OF Caroline Edith Walker (Give maiden name of wife in full)

(or) WIFE OF (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 73 Years 8 Months 5 Days | If less than 1 day Hours Minutes

9 Usual Occupation: retired

10 Industry or Business: stockman, Rust Craft Card Co.

11 Social Security No. 021-09-1677

12 BIRTHPLACE (City) Chelsea (State or country) Mass.

PARENTS

13 NAME OF FATHER William Gerrish

14 BIRTHPLACE OF FATHER (City) Chelsea (State or country) Mass.

15 MAIDEN NAME OF MOTHER Emily Patten

16 BIRTHPLACE OF MOTHER (City) Charlestown (State or country) Mass.

17 Informant George H. Gerrish brother (Relation, if any) (Address) 1134 Franklin St. Melrose

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter G. Baker (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 5/18/48 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May (Month) 15 (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from February 7, 1948 to May 11, 1948

I last saw h. alive on May 11, 1948, death is said to have occurred on the date stated above, at 8.30 P. M.

	Duration Important
Immediate cause of death: Cardiac decompensation	4 mos
Due to: Chronic Myocarditis	2 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death)	Important
Major findings: Of operations	Physician
Date of	Underline the cause to which death should be charged statistically.
Of autopsy	
What test confirmed diagnosis?	

20 Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) Edmund J. Traynor M.D.

(Address) 30 Orlando Ave Date 5-17 1948

21 Place of Burial, Cremation or Removal: Woodlawn Cemetery Everett (City or Town)

DATE OF BURIAL May 18, 1948 19

22 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop

Received and filed MAY 20 1948 19 (Registrar)

A TRUE COPY ATTEST:

If deceased was a U. S. War Veteran, G. L., Chap. 48, Sec. 10, requires physicians to insert a recital to that effect. on back of certificate.

100m-(c)-3-46-18278

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 93

PLACE OF DEATH

1 Suffolk (County)

Winthrop (City or Town)

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME James J. McGee
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 49 Bates Ave St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospitel or institution Hosp. years months 3 days. In this community 23 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: Widowed

5a If married, widowed or divorced HUSBAND of Agnes M. St. John
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 79 Years 3 Months 13 Days If less than 1 day Hours Minutes

9 Usual Occupation: Retired

10 Industry or Business: Marine Engineer

11 Social Security No. 018-12-4881

12 BIRTHPLACE (City) (State or Country) St. Johns Newfoundland

PARENTS

13 NAME OF FATHER Thomas McGee

14 BIRTHPLACE OF FATHER (City) (State or Country) St. Johns Newfoundland

15 MAIDEN NAME OF MOTHER Sarah Gushue

16 BIRTHPLACE OF MOTHER (City) (State or Country) St. Johns Nfld

17 Informant Dorothy McGee (Relation, if any) Daughter
(Address) 49 Bates Ave Widowed

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter F. Bakers
(Signature of Agent of Board of Health or other)

Health Office 5/17/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 16 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 12, 1948, to May 16, 1948

I last saw h alive on May 16, 1948, death is seid to have occurred on the date stated above, at 3 15 m.

Immediate cause of death — Duration — IMPORTANT

Pulmonary Embolism 1 d

Due to Extra Adhesion

Due to Post Operative hernia post operative hernia

Operation

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Date of
Of autopsy
What test confirmed diagnosis?

IMPORTANT
Physician
Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) G. Washburn, M. D.
(Address) Winthrop Date 5-16 1948

21 Place of Burial, Cremation or Removal. Winthrop Cemetery Winthrop (City or Town)
DATE OF BURIAL May 19 1948

22 NAME OF FUNERAL DIRECTOR Paul J. Kelly
ADDRESS 11 Meridian St. E. Boston

Received and Filed 19
MAY 18 1948
(Registrar)

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-7-46-19068

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 91

1 PLACE OF DEATH
County: Suffolk Chelsea 6/7/48
City or Town: Winthrop
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Girl Dornfeld
(If deceased is a married, widowed or divorced woman, give also maiden name.) Dornfeld

PHYSICIAN - IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 176 Ash St. Chelsea
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution Drop years months / days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F
4 COLOR OR RACE: W.
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: S.

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE Years Months / Days | If less than 1 day Hours Minutes

9 Usual Occupation:

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) (State or country) Winthrop Mass.

PARENTS
13 NAME OF FATHER Joseph Dornfeld
14 BIRTHPLACE OF FATHER (City) (State or country) Lynn Mass.
15 MAIDEN NAME OF MOTHER Sylvia Proveman
16 BIRTHPLACE OF MOTHER (City) (State or country) Russia

17 Informant Joseph Dornfeld Relation, if any Father
(Address) 176 Ash St. Chelsea

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter H. Baker
(Signature of Agent of Board of Health or other)
Health Officer 5/18/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 18 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 17, 1948, to May 18, 1948
I last saw her alive on May 18, 1948 death is said to have occurred on the date stated above, at 4 P. m.

Immediate cause of death Heart failure with intracranial pressure intracranial disease

Due to Breech Presentation

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Date of
Of autopsy
What test confirmed diagnosis? Heart Exam

Duration
IMPORTANT
1 day

IMPORTANT
Physician
Underline the cause to which death should be charged statistically

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) William Shavelson M. D.
(Address) 59 Shirley St. Winthrop Date 5/18 1948

21 Burial
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL May 18 1948

22 NAME OF FUNERAL DIRECTOR Philip Hymanson
ADDRESS Lynn Mass

Received and filed MAY 20 1948 19
(Registrar)

extracts from the laws on back of certificate.
If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-45-15510

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have takeu place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given aud the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

2-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 95

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop County Hosp St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Gertrude J. Galpin (Galpin)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence, No. 74 Lewis Ave St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution Hosp. years months 6 days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Widow

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Albert J. Galpin
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 73 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: at home

10 Industry or Business: Home work

11 Social Security No. —

12 BIRTHPLACE (City) (State or country) Cambridge Mass

PARENTS

13 NAME OF FATHER George Burdick

14 BIRTHPLACE OF FATHER (City) (State or country) Boston Mass.

15 MAIDEN NAME OF MOTHER Unknown

16 BIRTHPLACE OF MOTHER (City) (State or country) Unknown

17 Informant Mrs Alice Casey (Relation or any)
(Address) 74 Lewis Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter F. Baker
(Signature of Agent of Board of Health or other)
Health Officer 5/21/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May (Month) 19 (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from July, 1947, to 19 May, 1948
I last saw h. alive on 19 May, 1948 death is said to have occurred on the date stated above, at 4:35 P.m.

Immediate cause of death	Duration
Acute Cardiac Decompensation	1 wk.
Due to Arteriosclerotic Heart Disease	2 yrs.
Due to Uremia (terminal)	1 wk
Other conditions Diabetes Mellitus (include pregnancy within 3 months of death)	20 yrs.

IMPORTANT — Physician: Underline the cause to which death should be charged statistically.

Major findings:
Of operations
Date of
Of autopsy
What test confirmed diagnosis? Clinical

20 Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) C. Lieberman M. D.
(Address) 76 Dover Way Ave Date 5/19/1948.

21 Place of Burial, Cremation or Removal. Cambridge (City or Town)
DATE OF BURIAL May 23 22 1948

22 NAME OF FUNERAL DIRECTOR A P Carley
ADDRESS Allston Mass

Received and filed MAY 27 1948 19
(Registrar)

extracts from the laws on back of certificate.
If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-45-15510

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

2-301 A

See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-7-46-19068

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 96

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town)

No. 60 Quincy Ave. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Genieva Gertrude Grady
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN-IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 60 Quincy Ave. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) years months days. In this community 36 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: Single

5a If married, widowed or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 36 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: Stenographer

10 Industry or Business: Law

11 Social Security No. 025-09-5782

12 BIRTHPLACE (City) Winthrop (State or Country) Mass

PARENTS

13 NAME OF FATHER James J. Grady

14 BIRTHPLACE OF FATHER (City) East Boston (State or Country) Mass

15 MAIDEN NAME OF MOTHER Catherine E. Boylan

16 BIRTHPLACE OF MOTHER (City) West Roxbury (State or Country) Mass

17 Informant Daniel Grady (Relation, if any) (Brother)
(Address) 60 Quincy Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter G. Baker
(Signature of Agent of Board of Health or other)

Health Officer 5/21/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May (Month) 19 (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from April 19, 1948, to May 19, 1948

I last saw her alive on May 16, 1948, death is said to have occurred on the date stated above, at 5:10 P m.

Immediate cause of death

	Duration
Cerebral Hemorrhage	12 hrs
Due to Essential Hypertension	10 years
Due to	

Other conditions — (Include pregnancy within 3 months of death)

Major findings: Of operations — Date of —

Of autopsy —

What test confirmed diagnosis? clinical

IMPORTANT

Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Arthur C. Murray M. D.
(Address) Winthrop Mass Date May 20 1948

21 Place of Burial, Cremation or Removal Winthrop (City or Town) Winthrop
DATE OF BURIAL May 22. 1948 19

22 NAME OF FUNERAL DIRECTOR John F. O'Malley
ADDRESS Winthrop Mass

Received and Filed MAY 21 1948 19
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 97

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town) No. 137 Winthrop Shore Drive St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Samuel Mayseles (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 137 Winthrop Shore Drive St. Winthrop, Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ..... years months days. (Before death) (Specify whether) In this community / yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: Married

5a If married, widowed, or divorced HUSBAND of Julia Cohen (Give maiden name of wife in full) (or) WIFE of ..... (Husband's name in full)

6 Age of husband or wife if alive 55 years

7 IF STILLBORN, enter that fact here.

8 AGE 62 Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Time Keeper

10 Industry or Business: Genstein & Cooper - in Boston

11 Social Security No. 025-01-5665

12 BIRTHPLACE (City) (State or country) Russia

PARENTS

13 NAME OF FATHER: Harry Abraham Mayseles

14 BIRTHPLACE OF FATHER (City) (State or country) Russia

15 MAIDEN NAME OF MOTHER: Rachael (Cannot be learned)

16 BIRTHPLACE OF MOTHER (City) (State or country) Russia

17 Informant: Milton Mayseles (Relation, if any: Son)
(Address) 100 Wellington St. Worcester

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter H. Baker (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 5/20/48 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: May (Month) 19 (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19... I last saw h... alive on May 19, 1948 death is said to have occurred on the date stated above, at 8 P.M.

Immediate cause of death: Myocardial failure

Due to

Due to: M.G. Wood

Other conditions: Nephritis (Include pregnancy within 3 months of death)

Major findings: Of operations ..... Date of ..... Of autopsy ..... What test confirmed diagnosis?

Duration

IMPORTANT

IMPORTANT Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? If so, specify ..... (Signed) [illegible] M. D. (Address) [illegible] Date 5/19 1948

21 Mt. Lebanon - Cemetery Place of Burial, Cremation or Removal. (City or Town) W. Roxbury
DATE OF BURIAL May 20 1948

22 NAME OF FUNERAL DIRECTOR: Benjamin Bernbach
ADDRESS 10 Washington St. Worcester

Received and filed MAY 21 1948 19... (Registrar)

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

Extracts from the laws on back of certificate.

100m-(g)-1-45-15510

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained herennder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

-301 A

extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-45-15510

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 98

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. 46 Lowell Road St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Helen M. Moran
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR): None

(a) Residence, No. 46 Lowell Road St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ..... years ..... months ..... days. In this community 6 yrs. ..... mos. ..... days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of ..... (Give maiden name of wife in full)
(or) WIFE of Joseph E. Moran (Husband's name in full)

6 Age of husband or wife if alive 52 years

7 IF STILLBORN, enter that fact here.

8 AGE 44 Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Housework

10 Industry or Business: Own Home

11 Social Security No. None

12 BIRTHPLACE (City) East Boston
(State or country) Mass

PARENTS

13 NAME OF FATHER: Thomas Fahey

14 BIRTHPLACE OF FATHER (City) Compton Bay
(State or country) N.H.

15 MAIDEN NAME OF MOTHER: Johanna M. Griffin

16 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

17 Informant: Joseph E. Moran (Relation, if any: Husband)
(Address) 46 Lowell Road Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter A. Baker
(Signature of Agent of Board of Health or other)

Health Officer 5/21/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: May (Month) 19 (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 8, 1948, to May 19, 1948, I last saw her alive on May 18, 1948, death is said to have occurred on the date stated above, at 4.00 A m.

Immediate cause of death — Duration
Metastatic Carcinoma May 21-1947

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Adenocarcinoma of
Of operations Right Breast Date of Cure 3-1947
Of autopsy
What test confirmed diagnosis? Biopsy

IMPORTANT — Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) John F. Collins M. D.
(Address) Revere Mass Date May 20 1948

21 Place of Burial, Cremation or Removal: Holy Cross (City or Town) Malden
DATE OF BURIAL May 22 1948

22 NAME OF FUNERAL DIRECTOR Frederick J. Magrath
ADDRESS East Boston

Received and filed MAY 21 1948 19
(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

R-301 A

extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-45-15510

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Registered No. 99

1 PLACE OF DEATH (County) Suffolk N.P. 6/7/48
(City or Town) Winthrop
No. 37 Willow Ave. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Kathrina B. (Shaw) Stacey (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. East Barrington N. H. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution ..... years months days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of James A. Stacey
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive 75 years

7 IF STILLBORN, enter that fact here.

8 AGE 68 Years 3 Months 7 Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Housewife

10 Industry or Business: Gen Work

11 Social Security No. none

12 BIRTHPLACE (City) Hebron N.Y.
(State or country) New York

PARENTS

13 NAME OF FATHER Joshua Shaw

14 BIRTHPLACE OF FATHER (City) Unknown
(State or country)

15 MAIDEN NAME OF MOTHER Emilie Stirk

16 BIRTHPLACE OF MOTHER (City) Unknown
(State or country)

17 Informant Evelyn Jorgenson (Relation, if any Friend)
(Address) 34 Willow Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter F. Baker
(Signature of Agent of Board of Health or other)
Health Officer 5/22/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May (Month) 22 (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 12, 1948, to May 22, 1948
I last saw her alive on May 20, 1948, death is said to have occurred on the date stated above, at 8:15 P.m.

	Duration
Immediate cause of death Carcinoma of cervix	2 yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations ..... Date of ..... Of autopsy ..... What test confirmed diagnosis?	

Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) Joseph Gregoire M. D.
(Address) 336 Summer St. Sb. Date 5/22 1948

21 Greenland. Place of Burial, Cremation or Removal. Greenland N. H. (City or Town)
DATE OF BURIAL May 25 1948

22 NAME OF FUNERAL DIRECTOR J. Cyne Wood
ADDRESS Portsmouth N. H.

Received and filed JUN 1 1948 19..
(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town making return)

Registrar's Number 100

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town)

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution give its NAME instead of street and number)

2 FULL NAME John Prince Cushman
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN—IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) NO.

(a) Residence. No. 73 Otis Street St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) hospital (Specify whether) years months 5 days. In this community 25 years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male
4 COLOR OR RACE: white
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: married

5a If married, widowed, or divorced HUSBAND OF Helen Estey
(Give maiden name of wife in full)
(or) WIFE OF
(Husband's name in full)

6 Age of husband or wife if alive 72 years

7 IF STILLBORN, enter that fact here.

8 AGE 72 Years 6 Months 27 Days | If less than 1 day Hours Minutes

9 Usual Occupation: Builder and Ship joiner

10 Industry or Business: Frank Cushman & Son

11 Social Security No. none

12 BIRTHPLACE (City) (State or country) East Boston Mass.

PARENTS

13 NAME OF FATHER Frank Cushman

14 BIRTHPLACE OF FATHER (City) (State or country) East Boston Mass.

15 MAIDEN NAME OF MOTHER Carrie Prince

16 BIRTHPLACE OF MOTHER (City) (State or country) Boston Mass.

17 Informant Mrs. J. P. Cushman (Relation if any wife)
(Address) 73 Otis St. Winthrop, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter G. Baker
(Signature of Agent of Board of Health or other)

H.O. 5/29/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May (Month) 27 (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from October 24, 1944, to May 27, 1948

I last saw h im alive on May 27, 1948, death is said to have occurred on the date stated above, at 8:32 A.M.

	Duration Important
Immediate cause of death: Cerebral Hemorrhage	5 days
Due to: Arterio Sclerosis	years
Due to:	
Other conditions (Include pregnancy within 3 months of death): Cardiac Decompensation	

Major findings: Of operations: Date of
Of autopsy
What test confirmed diagnosis?

Important Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) [illegible] M.D.
(Address) 200 Washington Ave Date 5-29-1948

21 Place of Burial, Cremation or Removal: Mount Auburn Cambridge, Mass. (City or Town)
DATE OF BURIAL June 1, 1948 19

22 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop St. Winthrop.

Received and filed JUN 3 1948 19
(Registrar)

A TRUE COPY ATTEST:

100m-(c)-3-46-18278

If deceased was a U. S. War Veteran, G. L., Chap. 48, Sec. 10, requires physicians to insert a recital to that effect.

on back of certificate.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

.....

R-302

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

BOSTON
(City or town making return)

Registered No. 4927 101

1 PLACE OF DEATH
SUFFOLK (County)
BOSTON (City or Town)
No. Beth Israel Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Shepard I Aronson (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 17 Irwin St. Winthrop Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution ..... years months days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M
4 COLOR OR RACE: W
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of Rose Pinkofsky (Give maiden name of wife in full)
(or) WIFE of ..... (Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 75 Years 6 Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Mfr. Leather Goods

10 Industry or Business: Retired

11 Social Security No. ----

12 BIRTHPLACE (City) (State or country) Russia

PARENTS

13 NAME OF FATHER: Motel L Aronson

14 BIRTHPLACE OF FATHER (City) (State or country): Russia

15 MAIDEN NAME OF MOTHER: Gertrude Shapiro

16 BIRTHPLACE OF MOTHER (City) (State or country): Russia

17 Informant (Address): M Aronson (Relation, if any: Son)

A TRUE COPY.
ATTEST: Michael J Manning
(Registrar of city or town where death occurred)
DATE FILED June 2 1948

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 29/48 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 25, 1948, to May 29, 1948. I last saw him alive on May 25, 1948 death is said to have occurred on the date stated above, at 9:45 AM m.

Immediate cause of death: Carcinoma of the prostate — Duration: 3 Yrs

Due to:

Due to:

Other conditions: Congestive failure — Duration: 1 Yr
(Include pregnancy within 3 months of death)

Major findings: Of operations: ..... Date of:
Of autopsy: As above
What test confirmed diagnosis? autopsy

Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) J Presbery
(Address) 330 Brookline Ave. Date 5-29-48 M. D.

21 PLACE OF BURIAL, CREMATION OR REMOVAL Tifereth Israel (Cemetery) (City or Town)
DATE OF BURIAL May 30/48 19

22 NAME OF FUNERAL DIRECTOR L Levine
ADDRESS Brookline Mass.

Received and filed JUN 7 1948 19
(Registrar of City or Town where deceased resided)

resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m-(b)-6-44-14607

301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 102

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town) No. 24 Beacon St St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Theresa C Mullen Kelley (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 24 Beacon St St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution (Before death) years months days. (Specify whether) In this community 45 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fmal
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of John H Kelley (Husband's name in full)

6 Age of husband or wife if alive 77 years

7 IF STILLBORN, enter that fact here.

8 AGE 78 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: Home Housewife

10 Industry or Business: Home

11 Social Security No. None

12 BIRTHPLACE (City) (State or country) Gallipolis Ill. Joliet

PARENTS

13 NAME OF FATHER William Mullen

14 BIRTHPLACE OF FATHER (City) (State or country) Germany

15 MAIDEN NAME OF MOTHER Catherine (Unknown)

16 BIRTHPLACE OF MOTHER (City) (State or country) Gallipolis Ill.

17 Informant (Address) John H Kelley Relation (if any) Husband

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter F. Walker (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 6/2/48 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May (Month) 30 (Day) 48 (Year)

19 I HEREBY CERTIFY, That I attended deceased from April, 1947, to May 30, 1948

I last saw her alive on May 30, 1948, death is said to have occurred on the date stated above, at 3:50 P m.

Immediate cause of death: Carcinoma of colon — metastatic — 1 yr

Due to

Due to

Other conditions: myocardial heart disease (Include pregnancy within 8 months of death)

Duration

IMPORTANT

Major findings: Of operations Date of Of autopsy What test confirmed diagnosis?

IMPORTANT Physician Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Joseph Gregone M. D.

(Address) 386 Lincoln Ave Date 6/7/ 1948

21 Place of Burial, Cremation or Removal. Winthrop (City or Town)

DATE OF BURIAL June 2 1948

22 NAME OF FUNERAL DIRECTOR Kelly Bros

ADDRESS 240 Winthrop St Winthrop

Received and filed JUN 3 1948 19

(Registrar)

If deceased was a U. S. War Veteran, Q. L. Chap. 45, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-45-15510

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

FORM R-302

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m (e)-1-41-4667

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Lynn (City or town making return)

Registered No. 490 103

1 PLACE OF DEATH: Essex (County); Lynn (City or Town); No. Lynn Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Margaret F. McKenna (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 64 Somerset Ave. St. Winthrop (If nonresident, give city or town and State) (Usual place of abode)

Length of stay: In hospital or institution hosp. years months days. In this community 54 yrs. mos. days. (Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 54 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: At home

10 Industry or Business: ---

11 Social Security No. none

12 BIRTHPLACE (City) Everett (State or country) Mass.

PARENTS

13 NAME OF FATHER: William McKenna

14 BIRTHPLACE OF FATHER (City) (State or country): Ireland

15 MAIDEN NAME OF MOTHER: Alice Mullen

16 BIRTHPLACE OF MOTHER (City) Everett (State or country) Mass.

17 Informant M.E.McKenna (brother) (Relation if any)
(Address) 64 Somerset Ave., Winthrop

A TRUE COPY. ATTEST: [signature]
(Registrar of city or town where death occurred)

DATE FILED May 14 1948

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 11, 1948 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from April 9, 1948 to April 11, 1948

I last saw her alive on 4/11, 1948 death is said to have occurred on the date stated above, at 9:50 p.m.

Immediate cause of death Acute coronary occlusion — Duration

Due to Arterio sclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Date of

Of autopsy

What test confirmed diagnosis? Usual

Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Albert Covner M.D.
(Address) Lynn, Mass. Date 4/12 1948

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross (Cemetery) Malden (City or Town)

DATE OF BURIAL April 13 1948

22 NAME OF FUNERAL DIRECTOR Frank M. Donahue
ADDRESS 10 Monument Ave. Charlestown, May 14 1948

Received and filed JUN 22 1948
(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

(City or town making return)

Registered No. .....

PLACE OF DEATH

1 (County) .....

(City or Town) .....

No. ..... St. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME ..... (If U. S. War Veteran, specify WAR)

(If married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ..... years ..... months ..... days. In this community ..... years ..... months ..... days.
(Before death) (Place of residence)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word)

5a If married, widowed, or divorced
HUSBAND of ..... (Give maiden name of wife in full)
(or) WIFE of ..... (Husband's name in full)

6 Age of husband or wife if alive ..... Years

7 IF STILLBORN, enter that fact here.

8 AGE .....Years .....Months .....Days ..... Hours ..... Minutes
If less than 1 day

9 Usual Occupation: .....

10 Industry or Business: .....

11 Social Security No. .....

12 BIRTHPLACE (City) .....
(State or country)

PARENTS

13 NAME OF FATHER .....

14 BIRTHPLACE OF FATHER (City) .....
(State or country)

15 MAIDEN NAME OF MOTHER .....

16 BIRTHPLACE OF MOTHER (City) .....
(State or country)

17 Informant ..... (Relation, if any .....)
(Address) .....

A TRUE COPY.

ATTEST: .....
(Registrar of city or town where death occurred)

DATE FILED ..... 19.....

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH ..... (Month) ..... (Day) ..... (Year)

19 I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....
I last saw him alive on ..... 19..... death is said to have occurred on the date stated above, at ..... m.

Duration

immediate cause of death .....

Due to .....

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations ..... Date of .....
Of autopsy .....
What test confirmed diagnosis? .....

Physician

Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) ..... M. D.
(Address) ..... Date ..... 19.....

21 PLACE OF BURIAL, CREMATION OR REMOVAL ..... (Cemetery) ..... (City or Town)
DATE OF BURIAL ..... 19.....

22 NAME OF FUNERAL DIRECTOR .....
ADDRESS .....

Received and filed ..... 19.....
(Registrar of City or Town where deceased resided)

(Copies of returns of deaths recorded during previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m (5)-1-14-1887

FORM R-302

RM R-302

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

REVERE (City or town making return)

Registered No. 104

1 PLACE OF DEATH
Suffolk (County)
Revere (City or Town)
No. 289 Endicott Ave. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Joseph L. Eldridge (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 434 Revere St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution none years months days. In this community 29 yrs. — mos. — days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Mary Keenan (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 59 years

7 IF STILLBORN, enter that fact here.

8 AGE 60 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: Cable Splicer (Retired)

10 Industry or Business: N. E. Tel. & Tel. Co.

11 Social Security No.

12 BIRTHPLACE (City) (State or country) England

PARENTS

13 NAME OF FATHER Richard Eldridge

14 BIRTHPLACE OF FATHER (City) (State or country) England

15 MAIDEN NAME OF MOTHER Emila Sheredian

16 BIRTHPLACE OF MOTHER (City) (State or country) Wales

17 Informant Mary Eldridge (Relation, if any)
(Address) 434 Revere St., Winthrop

A TRUE COPY. Joseph [illegible]
ATTEST:
(Registrar of city or town where death occurred)

DATE FILED May 10, 1948

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May (Month) 2 (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from March, 1947, to May 2, 1948. I last saw him alive on May 2, 1948, death is said to have occurred on the date stated above, at 2:10 A.m.

Immediate cause of death	Duration
Carcinomatosis	1 Year
Due to: Carcinoma of stomach	? Years
Due to:	

Other conditions (Include pregnancy within 3 months of death): Generalized arteriosclerosis and A.S. Heart disease — 2 Years

Major findings: Of operations: Carcinoma of stomach
Mass. Gen. Hospital Date of July 1947
Of autopsy
What test confirmed diagnosis? Clinical

Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Paul P. Weinsaft, M. D.
(Address) 238 Shore Drive Winthrop Date 5/3 1948

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) Winthrop (City or Town)
DATE OF BURIAL May 5 1948

22 NAME OF FUNERAL DIRECTOR Kirby Bros.
ADDRESS 210 Winthrop St., Winthrop

Received and filed JUN 14 1948 19
(Registrar of City or Town where deceased resided)

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m-(b)-6-44-14607

FORM R-302

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m (e)-1-41-4667

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

BROOKLINE (City or town making return)

Registered No. 59 105

1 PLACE OF DEATH: NORFOLK (County); BROOKLINE (City or Town); No. Booth Memorial Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Girl Rodonsky (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 264 River Road (Usual place of abode) St. Winthrop, Massachusetts (If nonresident, give city or town and State)

Length of stay: In hospital or Institution (Before death) years (Specify whether) months days. In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: Single

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE Years Months 2 Days | If less than 1 day Hours Minutes

9 Usual Occupation:

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Brookline (State or country) Massachusetts

PARENTS

13 NAME OF FATHER: Abraham Rodonsky

14 BIRTHPLACE OF FATHER (City) Boston (State or country) Massachusetts

15 MAIDEN NAME OF MOTHER: Mona Abrams

16 BIRTHPLACE OF MOTHER (City) South Boston (State or country) Massachusetts

17 Informant Mrs. Mona Rodonsky (Relation, if any mother) (Address) 264 River Road, Winthrop, Mass.

A TRUE COPY.
ATTEST: Arthur J. Shimes
(Registrar of city or town where death occurred)

DATE FILED May 14 19 48

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May (Month) 12 (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 10, 1948, to May 12, 1948. I last saw her alive on May 12, 1948, death is said to have occurred on the date stated above, at 5:25 p.m.

	Duration
Immediate cause of death	
Due to Cerebral Anoxemia	2 days
Due to Separation of normally implanted placenta	2 hrs

Other conditions Prolapse of cord (Include pregnancy within 3 months of death)

Major findings: Of operations cerebral hemorrhages Date of May 13 1948

Of autopsy

What test confirmed diagnosis?

Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Louis Albert, M. D.
(Address) 475 Commonwealth Ave Date 5-12 1948

21 PLACE OF BURIAL, CREMATION OR REMOVAL Agudath Israel (Cemetery) W. Roxbury Boston (City or Town)

DATE OF BURIAL May 14 1948

22 NAME OF FUNERAL DIRECTOR Benjamin Birnbach
ADDRESS 10 Washington St., Dorchester

Received and filed JUN 18 1948 19
(Registrar of City or Town where deceased resided)

RM R-302

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

BOSTON
(City or town making return)

Registered No. 516 106

1 PLACE OF DEATH
(County) SUFFOLK BOSTON
(City or Town)
No. 394 Ashmont St St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary J Redmond
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR) W W #1

(a) Residence. No. 91 Plummer Ave. St. Winthrop Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ..... years months days. In this community 48 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F
4 COLOR OR RACE: W
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Francis X Redmond
(Husband's name in full)

6 Age of husband or wife if alive 48 years

7 IF STILLBORN, enter that fact here.

8 AGE 48 Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Housework

10 Industry or Business: Own Home

11 Social Security No. None

12 BIRTHPLACE (City) East Boston Mass.
(State or country)

PARENTS

13 NAME OF FATHER John McGunigle

14 BIRTHPLACE OF FATHER (City) New York City New York
(State or country)

15 MAIDEN NAME OF MOTHER Mary J McAdams

16 BIRTHPLACE OF MOTHER (City) Boston Mass.
(State or country)

17 Informant Husband (Relation, if any)
(Address)

A TRUE COPY, ATTEST: Michael F Manning
(Registrar of city or town where death occurred)

DATE FILED June 9 1948

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 6/48
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 6, 1948, to Viewed, 19
I last saw h. --- alive on ---, 19, death is said to have occurred on the date stated above, at 5:15PM m.

Immediate cause of death — Duration
Cerebral Hemorrhage — Unknown

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Date of
Of autopsy
What test confirmed diagnosis?

Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) F F Maloof, M. D.
(Address) Health Dept. Date 6-6 1948

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Cem-Winthrop Mass.
(Cemetery) (City or Town)
DATE OF BURIAL June 9/48 19

22 NAME OF FUNERAL DIRECTOR F J Magrath
ADDRESS East Boston Mass.

Received and filed JUN 21 1948 19
(Registrar of City or Town where deceased resided)

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

25M-(1)-11-42 10746

Entered Service July 20,1918 Discharged July 20,1920
Yeoman(F)2nd class provisional U.S.Naval Reserve Force
Service No. None

1 R-301 A

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-7-46-19068

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 107

1 PLACE OF DEATH: (County) Suffolk. (City or Town) Winthrop No. 19 Buchanan St. (If death occurred in a hospital or institution give its NAME instead of street and number)

2 FULL NAME Ruben Beck (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 19 Buchanan St. Winthrop, Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) years months days. In this community 25 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: Married

5a If married, widowed or divorced HUSBAND of Bella Sklars (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 66 years

7 IF STILLBORN, enter that fact here.

8 AGE 70 Years Months Days. If less than 1 day Hours Minutes

9 Usual Occupation: Variety Store

10 Industry or Business: Retired

11 Social Security No. none

12 BIRTHPLACE (City) (State or Country) Russia

PARENTS

13 NAME OF FATHER Raphael Beck

14 BIRTHPLACE OF FATHER (City) (State or Country) Russia

15 MAIDEN NAME OF MOTHER Rose (Cayant 4) (Clamed)

16 BIRTHPLACE OF MOTHER (City) (State or Country) Russia

17 Informant Morris Alperin (Relation, if any) son-in-law (Address) 19 Buchanan St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter F. Baker (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 6/8/48 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June (Month) 8 (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan 25, 1941, to June 8, 1948

I last saw him alive on June 5, 1948, death is said to have occurred on the date stated above, at 8 a.m.

Immediate cause of death: Acute Coronary Occlusion 1-2 hrs.

Due to Arteriosclerosis 8 years

Auricular fibrillation 3 years

Due to Parkinsons Disease 5 years

Other conditions (Include pregnancy within 1 month of death) Prostatic Hypertrophy 3 years

Chronic Interstitial nephritis 7 years

Major findings: Of operations none

Date of

Of autopsy none

What test confirmed diagnosis? clinical & laboratory

IMPORTANT Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jacob J. Abrams M.D., M.D.

(Address) 562 Hanley St. Date 6/8/48

21 Place of Burial, Cremation or Removal. Chel Jacob Mountz (City or Town) Woburn, Mass

DATE OF BURIAL June 9 1948

22 NAME OF FUNERAL DIRECTOR Benjamin Birnbach

ADDRESS 10 Washington St. Dorchester.

Received and Filed 19

JUN 9 1948 (Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

M R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 108

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. Winthrop Com. Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Lila Leah Quint (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 25 Pearl Ave. St. Winthrop (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution 3 ~~years~~ ~~months~~ days. In this community 25 yrs. mos. days. (Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lobione Quint (Give maiden name of wife in full) (Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 78 Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: House-wife

10 Industry or Business: at Home

11 Social Security No. .....

12 BIRTHPLACE (City) (State or country): Russia

PARENTS

13 NAME OF FATHER: Jacob Sklarsky

14 BIRTHPLACE OF FATHER (City) (State or country): Russia

15 MAIDEN NAME OF MOTHER: Ida (unknown)

16 BIRTHPLACE OF MOTHER (City) (State or country): Russia

17 Informant: Irene Foster (Relation, if any: Daughter) (Address) 25 Pearl ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter G. Bateman (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 6/9/48 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: June (Month) 8 (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from April, 1948, to 8 June, 1948. I last saw h. alive on 8 June, 1948 death is said to have occurred on the date stated above, at 3:45 P. m.

Immediate cause of death: Coronary Thrombosis — Duration: 10 days

Due to: Hypertensive Coronary — 15 yrs.

Due to: .....

Other conditions: none (Include pregnancy within 3 months of death)

Major findings: Of operations ..... Date of .....

Of autopsy .....

What test confirmed diagnosis: Clinical

IMPORTANT — Physician: Underline the cause to which death should be charged statistically

20 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Charles Liberman M. D.

(Address) 26 Waue Way Ave Date 6/8/1948

21 Place of Burial, Cremation or Removal: Tifereth Israel (City or Town) Winthrop Mass

DATE OF BURIAL June 9 1948

22 NAME OF FUNERAL DIRECTOR: Henry Levine

ADDRESS 394 Wash St Dor Mass

Received and filed ..... 19.....

JUN 14 1948 (Registrar)

If deceased was a U. S. War Veteran, Q. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-45-15510

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a persou whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has beeu engaged, insert in the certificate a recital to that effect, specifying the war, and sball also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given aud the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

RM R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent

Registered No. 109

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 42 Edgehill Rd St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Hattie J. Hendrick Shine
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN-IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 42 Edgehill Rd. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ..... years months days. In this community 30 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: Widowed

5a If married, widowed or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Daniel J Shine
(Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 88 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: Housewife

10 Industry or Business: Own Home

11 Social Security No.

12 BIRTHPLACE (City) Boston
(State or Country) Mass

PARENTS

13 NAME OF FATHER Jerias Hendrick

14 BIRTHPLACE OF FATHER (City)
(State or Country) Vermont

15 MAIDEN NAME OF MOTHER Jane O'Brien

16 BIRTHPLACE OF MOTHER (City)
(State or Country) Ireland

17 Informant Molly Shine (Relation, if any) Daughter
(Address) 42 Edgehill Rd

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Hattie E. Baker
(Signature of Agent of Board of Health or other)
Health Officer 6/14/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June (Month) 11 (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 1, 1948, to June 11, 1948
I last saw h. alive on June 11, 1948, death is said to have occurred on the date stated above, at 3.15 P.m.

Immediate cause of death
Myocardial infarction

Due to intestinal obstruction fecal
Carcinoma

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Date of
Of autopsy
What test confirmed diagnosis?

Duration

IMPORTANT

IMPORTANT Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. Frazier Long, M. D.
(Address) Winthrop Date 6-14 1948

21 Winthrop Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL June 14 1948

22 NAME OF FUNERAL DIRECTOR John F. O'Malley
ADDRESS Winthrop

Received and Filed JUN 14 1948
(Registrar)

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-10-47-22153

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons, to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

-301

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registrar's Number 110

1 PLACE OF DEATH
SUFFOLK (County)
WINTHROP (City or Town)
No. 94 MAIN ST. St. (If death occurred in a hospital or institution give its NAME instead of street and number)

2 FULL NAME ELISEO MASUCCI
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN—IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) None

(a) Residence. No. 94 MAIN ST. St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) years months days. In this community 6 years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: MALE
4 COLOR OR RACE: WHITE
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: MARRIED

5a If married, widowed, or divorced HUSBAND OF ELLA ASTRELLA (Give maiden name of wife in full)
(or) WIFE OF (Husband's name in full)

6 Age of husband or wife if alive 55 years

7 IF STILLBORN, enter that fact here.

8 AGE 62 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: MUSICIAN

10 Industry or Business: MUSIC

11 Social Security No. NONE

12 BIRTHPLACE (City) (State or country) ITALY

PARENTS

13 NAME OF FATHER DOMINIC MASUCCI

14 BIRTHPLACE OF FATHER (City) (State or country) ITALY

15 MAIDEN NAME OF MOTHER UNKNOWN

16 BIRTHPLACE OF MOTHER (City) (State or country) ITALY

17 Informant (Address) ELLA MASUCCI 94 MAIN ST WINTHROP Relation, if any WIFE

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter G. Baker (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 6/14/48 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June (Month) 12 (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 1, 1946, to June 12, 1948
I last saw him alive on June 11, 1948, death is said to have occurred on the date stated above, at 10.15 A.M.

Immediate cause of death: Arteriosclerosis
Heart disease

Due to: Generalized arteriosclerosis

Due to:

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Date of
Of autopsy Lab. Thoroscopic
What test confirmed diagnosis? Stetho

Duration Important: 1946

Important

Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [illegible] M.D.
(Address) WINTHROP Date 6-12 1948

21 Place of Burial, Cremation or Removal. WINTHROP (City or Town)
DATE OF BURIAL JUNE 15 1948

22 NAME OF FUNERAL DIRECTOR ERNEST P CAGGIANO
ADDRESS 147 WINTHROP ST WINTHROP

Received and filed JUN 14 1948 (Registrar)

A TRUE COPY ATTEST:

100m-(c)-3-46-18278

Authority: Chapter 46, Section 19, General Laws. Information supplied. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate. it may be properly classified.

If deceased was a U. S. War Veteran, G. L., Chap. 48, Sec. 10, requires physicians to insert a recital to that effect.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the asbes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

FORM R-305

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-(d)-6-43-12056

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

BOSTON
(City or town making return)

Registered No. 539411

1 PLACE OF DEATH
Suffolk (County)
Boston (City or Town)
No. 750 Harrison Ave. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Nellie F Mitton (If U. S. War Veteran, specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 201 Pleasant St St. Winthrop Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution ..... years months days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F
4 COLOR OR RACE: W
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Widow

5a If married, widowed, or divorced
HUSBAND of .....
(Give maiden name of wife in full)
(or) WIFE of George A Mitton
(Husband's name in full)

6 Age of husband or wife if alive ——— years

7 IF STILLBORN, enter that fact here.

8 AGE 78 Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: At Home

10 Industry or Business: Household

11 Social Security No. ———

12 BIRTHPLACE (City) (State or country) Lowell Mass.

PARENTS

13 NAME OF FATHER: Serlo B Weeks

14 BIRTHPLACE OF FATHER (City) (State or country): England

15 MAIDEN NAME OF MOTHER: Olive Wedgewood

16 BIRTHPLACE OF MOTHER (City) (State or country): England

17 Informant (Address): Evelyn Walsh (Relation, if any: Daughter)

A TRUE COPY.
ATTEST: Michael F Manning
(Registrar of city or town where death occurred)
DATE FILED June 18/48 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 13/48
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
Arterio sclerotic heart disease with decompensation treated therefore

20 Accident, suicide, or homicide (specify) .....
Date of occurrence ..... 19 .....
Where did Injury occur? .....
(City or town and State)
Did injury occur in or about the home, on farm, in industrial place, or in public place? .....
(Specify type of place)
Manner of Injury D.O.A. at Hospital
Nature of Injury .....
While at work? ..... Was there an autopsy? No

21 Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Timothy Leary, M. D.
(Address) ..... Date 6-13 19 48

22 Mt Hope
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL June 16/48 19

23 NAME OF FUNERAL DIRECTOR R J DeNeill
ADDRESS Revere Mass.

Received and filed 19
JUN 28 1948
(Registrar of City or Town where deceased resided)

M R-303-A

should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect

50m-(f)-6-43-12056

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or Its Agent.

Registered No. 112

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town) No. Winthrop Community Hosp. DOA St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Rafael Aicone
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN—IMPORTANT (Was deceased a U. S. War Veteran, If so specify WAR)

(a) Residence. No. 94 Bellevue Ave St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution ..... years months days. In this community 20 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: Married

5a If married, widowed, or divorced
HUSBAND of Mary Cox
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive 55 years

7 IF STILLBORN, enter that fact here.

8 AGE 64 Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Navy Yard laborer

10 Industry or Business: Navy Yard U.S.

11 Social Security No. None

12 BIRTHPLACE (City) (State or country): Italy

PARENTS

13 NAME OF FATHER: Mattyuno Acone

14 BIRTHPLACE OF FATHER (City) (State or country): Italy

15 MAIDEN NAME OF MOTHER: Unknown

16 BIRTHPLACE OF MOTHER (City) (State or country): Italy

17 Informant: Mary Acone (Address) 94 Bellevue Ave Relation, if any: wife

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter L. Bakers
(Signature of Agent of Board of Health or other)

Health Officer 6/23/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: June (Month) 18 (Day) 1948 (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Coronary occlusion
Hypertension

20 Accident, suicide, or homicide (specify)

Date of occurrence 19

Where did injury occur? (City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place? (Specify type of place)

Manner of injury

Nature of injury

While at work? Was there an autopsy? No

21 Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Richard Fore, M. D.

(Address) Date 6-19 1948

22 Winthrop Place of Burial, Cremation or Removal. Winthrop (City or Town)

DATE OF BURIAL June 22 1948

23 NAME OF FUNERAL DIRECTOR Kelly Bros

ADDRESS 865 Winthrop St

Received and filed 19

JUN 23 1948

(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—General Laws, Chap. 38, Sec. 7.

. . . The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following shortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and *manner* thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause* its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person) .....

.....

.....

.....

.....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—General Laws, Chap. 38, Sec. 14.

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

301

it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L., Chap. 48, Sec. 10, requires physicians to insert a recital to that effect.

100m-(c)-3-46-18278

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town making return)

Registrar's Number 113

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 5 Somerset Terrace St. (If death occurred in a hospital or institution give its NAME instead of street and number)

2 FULL NAME Robert Webster Wales
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN—IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) W. W. I.

(a) Residence. No. 5 Somerset Terrace St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution years months days. In this community 20 years months days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male
4 COLOR OR RACE: white
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: married

5a If married, widowed, or divorced HUSBAND OF Anne Crow
(Give maiden name of wife in full)
(or) WIFE OF
(Husband's name in full)

6 Age of husband or wife if alive 48 years

7 IF STILLBORN, enter that fact here.

8 AGE 58 Years 11 Months 2 Days | If less than 1 day Hours Minutes

9 Usual Occupation: Senior Master

10 Industry or Business: Boy's Latin School

11 Social Security No. none

12 BIRTHPLACE (City) North Abbington
(State or country) Mass.

PARENTS

13 NAME OF FATHER Simeon Webster Wales

14 BIRTHPLACE OF FATHER (City) North Abbington
(State or country) Mass.

15 MAIDEN NAME OF MOTHER Lydia Bass

16 BIRTHPLACE OF MOTHER (City) Bridgewater
(State or country) Mass.

17 Informant Mrs. R. W. Wales (Relation, if any wife)
(Address) 5 Somerset Terrace, Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter G. Baker M.D.
(Signature of Agent of Board of Health or other)

Health Officer 6/21/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June (Month) 19 (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from
..., 19..., to ..., 19...
I last saw h... alive on ..., 19..., death is said to have occurred on the date stated above, at ... M.

Immediate cause of death Acute Coronary Thrombosis

Due to Myocarditis

Due to H. B. Coronary Arteriosclerosis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Date of

Autopsy
What test confirmed diagnosis?

Duration Important

Important

Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Charles Dunlaney M.D.
(Address) Hingham Date 6-19-48

21 Place of Burial, Cremation or Removal. (City or Town)
Burial, Mt. Vernon Cemetery N. Abbington

DATE OF BURIAL June 21, 1948

22 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop St. Winthrop

Received and filed JUN 21 1948 (Registrar)

A TRUE COPY ATTEST:

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physicinn or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE December 10, 1917

DATE OF DISCHARGE July 23, 1919

RANK, RATING 2nd Lieut. U.S.A.A.S. in reserve 7/19

ORGANIZATION AND OUTFIT 376th Aero Sqdn.

SERVICE NUMBER 713644

FORM R-302

CAMBRIDGE

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

(City or town making return)

Registered No. 952 114

1 PLACE OF DEATH
(County) MIDDLESEX
(City or Town) CAMBRIDGE
No. Holy Ghost Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Arthur Bishop
(If decessed is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, speolfy WAR) NO
(a) Residence. No. 42 Myrtle Avenue St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)
Length of stay: In hospital or institution Hospital 13 years 1 months 0 days. In this community 13 yrs. 1 mos. 0 days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: W
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): M

5a If married, widowed, or divoroed HUSBAND of Lidlian J. Whalen
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive 65 years

7 IF STILLBORN, enter that fact here.

8 AGE 64 Years Months Days | If less than 1 day Hours Minutes

9 Usual Ocoupation: Clerk

10 Industry or Business: Plumbing Supplies

11 Social Security No. None

12 BIRTHPLACE (City) St. George
(State or country) Newfoundland

PARENTS

13 NAME OF FATHER: John Bishop

14 BIRTHPLACE OF FATHER (City) Anapolis
(State or country) N.S.

15 MAIDEN NAME OF MOTHER: Josephine LeGrande

16 BIRTHPLACE OF MOTHER (City) St. George
(State or country) Newfoundland

17 Informant Lillian J. Bishop Relative (Wife if any)
(Address) 42 Myrtle Ave. Winthrop, Mass.

A TRUE COPY.
ATTEST: Frederick H. Burke
(Registrar of city or town where death occurred)
DATE FILED June 23 1948

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 20, 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 20, 1935 to June 20, 1948
I last saw him alive on June 20, 1948, death is said to have occurred on the date stated above, at 9:45 A.M.

Immediate cause of death	Duration
Pneumonia of left lower lobe (broncho)	1 wk.
Due to RHEUMATOID ARTHRITIS	15 yrs.
Due to	

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Date of
Of autopsy None
What test confirmed diagnosis?

Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?
If so, speolfy
(Signed) John C. McGirr M. D.
(Address) 1436 Camb. St. Cambridge Date 6/20 1948

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop. Cem. Winthrop
(Cemetery) (City or Town)
DATE OF BURIAL June 22 1948

22 NAME OF FUNERAL DIRECTOR John C. Kelley
ADDRESS 286 Meridian St. E. Boston, Mass.

Received and filed JUN 28 1948
(Registrar of City or Town where deceased resided)

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m-(b)-6-44-14607

RM R-305

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

COPY OF MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BOSTON (City or town making return)

Registered No. 5570 115

1 PLACE OF DEATH: County: SUFFOLK BOSTON

(City or Town)

No. Deer Island Infirmary St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME George Magee (If U. S. War Veteran, specify WAR)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 6 Court Road St. Winthrop Mass.

(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ..... years months 2 days. In this community 21 yrs. mos. days.

(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced HUSBAND of .....

(Give maiden name of wife in full)

(or) WIFE of .....

(Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 41 Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Mechanic

10 Industry or Business: Garage

11 Social Security No. Unknown

12 BIRTHPLACE (City) (State or country) East Boston Mass.

PARENTS

13 NAME OF FATHER: James E Magee

14 BIRTHPLACE OF FATHER (City) (State or country): Boston Mass.

15 MAIDEN NAME OF MOTHER: Frances R Sampson

16 BIRTHPLACE OF MOTHER (City) (State or country): Nova Scotia

17 Informant (Address): Mother (Relation, if any)

A TRUE COPY. ATTEST: Michael F Manning

(Registrar of city or town where death occurred)

DATE FILED June 23/48 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 20/48

(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Acute delirium alcoholism

20 Accident, suicide, or homicide (specify) .....

Date of occurrence ..... 19 .....

Where did injury occur? .....

(City or town and State)

Did injury occur in or about the home, on farm, in industrial place, or in public place? .....

(Specify type of place)

Manner of injury .....

Nature of injury .....

While at work? ..... Was there an autopsy? No

21 Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Richard Ford, M. D.

(Address) ..... Date 6-20 19 48

22 Winthrop Cem-Winthrop Mass.

Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL June 23/48 19

23 NAME OF FUNERAL DIRECTOR C H Treanor

ADDRESS East Boston Mass.

Received and filed 19

JUN 28 1948

(Registrar of City or Town where deceased resided)

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-(d)-6-43-12056

M R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent

Registered No. 116

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles H. Norton
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN-IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 101 Sumit Ave St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) years months 5 days. In this community 55 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: Widowed

5a If married, widowed or divorced, HUSBAND of Aimee M. Hardie
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 82 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: Postal Employee

10 Industry or Business: U. S.

11 Social Security No.

12 BIRTHPLACE (City) Boston
(State or Country) Mass

PARENTS
13 NAME OF FATHER John Norton
14 BIRTHPLACE OF FATHER (City) Troy
(State or Country) N.Y.
15 MAIDEN NAME OF MOTHER Cannot be learned
16 BIRTHPLACE OF MOTHER (City)
(State or Country) Ireland

17 Informant Charles Norton (Relationship, if any) Son
(Address) Conn.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter G. Baker
(Signature of Agent of Board of Health or other)
Health Officer 6/22/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 20 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 1, 1948, to June 20, 1948
I last saw h. alive on June 20, 1948, death is said to have occurred on the date stated above, at 1 p.m.

Immediate cause of death
Gangrene left leg.
Gangrene
Due to Arteriosclerosis
Myocarditis.
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Date of
Of autopsy
What test confirmed diagnosis?

Duration
IMPORTANT
Leg

IMPORTANT — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) A. J. Macdonald, M. D.
(Address) Winthrop Date 6-21-48

21 Place of Burial, Cremation or Removal Winthrop (City or Town)
DATE OF BURIAL June 23 1948

22 NAME OF FUNERAL DIRECTOR John F. O'Malley
ADDRESS Winthrop

Received and Filed JUN 23 1948
(Registrar)

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-10-47-22153

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

-301

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registrar's No. 117

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 10 Atlantic St St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Frank J. McQueeney
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN—IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 10 Atlantic St St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution (Before death) years (Specify whether) months days. In this community 40 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: Married

5a If married, widowed or divorced: HUSBAND of Catherine Kelly
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive 65 years

7 IF STILLBORN, enter that fact here.

8 AGE 72 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: Contractor

10 Industry or Business: Cement

11 Social Security No.

12 BIRTHPLACE (City) (State or country): Ireland

PARENTS

13 NAME OF FATHER: Patrick Mc Queeney

14 BIRTHPLACE OF FATHER (City) (State or country): Ireland

15 MAIDEN NAME OF MOTHER: Mary Hannon

16 BIRTHPLACE OF MOTHER (City) (State or country): Ireland

17 Informant: F. J. McQueeney Relation, if any: (Son)
(Address) 10 Atlantic St.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter A. Baker
(Signature of Agent of Board of Health or other)
Health Officer 6/23/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 21 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1947 to June 21, 1948
I last saw him alive on June 20, 1948 death is said to have occurred on the date stated above, at 7 A. M.

Immediate cause of death: Myocardial Failure
Due to Metastasis

Duration IMPORTANT: 2 yrs

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Date of
Of autopsy
What test confirmed diagnosis?

IMPORTANT Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. Anthony, M. D.
(Address) Winthrop Date 6-21-1948

21 Place of Burial, Cremation or Removal: Winthrop (City or Town) Winthrop
DATE OF BURIAL June 24 1948

22 NAME OF FUNERAL DIRECTOR John H. O'Malley
ADDRESS Winthrop

Received and filed JUN 23 1948
(Registrar)

A TRUE COPY ATTEST:

100m-(1)-1-45-15510

If deceased was a U. S. War Veteran, G. L. Chap. 48, Sec. 10, requires physicians to insert a recital to that effect from the laws on back of certificate.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has beeu engaged, insert iu the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

FORM R-305

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-(d)-6-43-12056

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

COPY OF MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BOSTON (City or town making return)

Registered No. 5148

1 PLACE OF DEATH: SUFFOLK (County) BOSTON (City or Town)

No. Mass. General Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Daniel W Sullivan (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 107 Bowdoin St (Usual place of abode) St. Winthrop Mass. (If nonresident, give city or town and State)

Length of stay: In hospital or Institution (Before death) years months 1 days. In this community 20 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 56 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: Salvage Worker

10 Industry or Business: Ship Yard

11 Social Security No. Unknown

12 BIRTHPLACE (City) (State or country) East Boston Mass.

PARENTS

13 NAME OF FATHER: John Sullivan

14 BIRTHPLACE OF FATHER (City) (State or country): Boston Mass.

15 MAIDEN NAME OF MOTHER: Ellen Clancy

16 BIRTHPLACE OF MOTHER (City) (State or country): Boston Mass.

17 Informant (Address): Alice Sullivan (Relation, if any: Sister)

A TRUE COPY. ATTEST: Michael J Manning (Registrar of City or town where death occurred)

DATE FILED June 29 1948

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 24/48 (Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Ruptured spleen internal hemorrhage
surgical shock

20 Accident, suicide, or homicide (specify) accidental

Date of occurrence ? June 18 19 48

Where did injury occur? Winthrop (City or town and State)

Did injury occur in or about the home, on farm, in industrial place, or in public place? (Specify type of place)

Manner of injury Fell accidentally on stairs at
Nature of injury his home June 18/48

While at work? Was there an autopsy? No

21 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W J Brickley, M. D.

(Address) Boston Mass Date 6-25 19 48

22 Place of Burial, Cremation or Removal. Holy Cross-Malden Mass. (City or Town)

DATE OF BURIAL June 28/48 19

23 NAME OF FUNERAL DIRECTOR C H Treanor

ADDRESS East Boston Mass.

Received and filed 19

JUL 6 1948

(Registrar of City or Town where deceased resided)

FORM R-302

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

25M-(f)-11-42 10746

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

BOSTON
(City or town making return)

Registered No. 5725 119

1 PLACE OF DEATH: SUFFOLK (County) BOSTON (City or Town)
No. Beth Israel Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Rose Cohen (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 35 Waveway Ave. St. Winthrop Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution ..... years months 2 days. In this community 2 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F
4 COLOR OR RACE: W
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of ..... (Give maiden name of wife in full)
(or) WIFE of Nathan Cohen (Husband's name in full)

6 Age of husband or wife if alive 50 years

7 IF STILLBORN, enter that fact here.

8 AGE 45 Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Housewife

10 Industry or Business: None

11 Social Security No. None

12 BIRTHPLACE (City) (State or country) Boston Mass.

PARENTS

13 NAME OF FATHER: Nathan Finn

14 BIRTHPLACE OF FATHER (City) (State or country): Russia

15 MAIDEN NAME OF MOTHER: Sarah ----

16 BIRTHPLACE OF MOTHER (City) (State or country): Russia

17 Informant (Address): Mary Levy (Relation, if any: Sister)

A TRUE COPY, ATTEST: Michael J. Manning
(Registrar of city or town where death occurred)
DATE FILED June 29 19 48

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 25/48 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 23, 1948, to June 25, 1948
I last saw her alive on June 25, 1948, death is said to have occurred on the date stated above, at 2 PM m.

Immediate cause of death	Duration
Rheumatic heart disease	15 Mos.
congestive failure, uremia	
Due to pulmonary infarcts	37 Yrs
Due to	

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations ..... Date of
Of autopsy Rheumatic heart disease
What test confirmed diagnosis? autopsy

Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) H J Isenberg M. D.
(Address) Beth Israel Hospt Date 6-25 19 48

21 PLACE OF BURIAL, CREMATION OR REMOVAL Wilcomere-Melrose Mass. (Cemetery) (City or Town)
DATE OF BURIAL June 27/48 19

22 NAME OF FUNERAL DIRECTOR B Birnbach
ADDRESS Dorchester Mass.

Received and filed JUL 9 1948 19
(Registrar of City or Town where deceased resided)

CITY CLERK'S OFFICE
NEWTON, MASS.
JUL 6 4 8 0 M

RM R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 120

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William Walter Scott
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 197 Pauline St. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution Hosp. years months 1 days. In this community 25 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Florence English
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive 56 Yrs years

7 IF STILLBORN, enter that fact here.

8 AGE 62 Years 5 Months 3 Days | If less than 1 day Hours Minutes

9 Usual Occupation: Construction Engrner

10 Industry or Business: State of Massachusetts

11 Social Security No. None

12 BIRTHPLACE (City) East Boston
(State or country) Mass

PARENTS

13 NAME OF FATHER Michael Scott

14 BIRTHPLACE OF FATHER (City)
(State or country) Scotland

15 MAIDEN NAME OF MOTHER Ann. --------

16 BIRTHPLACE OF MOTHER (City) East Boston
(State or country) Mass

17 Informant William W Scott Jr, Son Relation, if any
(Address) Cedahurst New York

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter A. Baker
(Signature of Agent of Board of Health or other)
Health Officer 6/28/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 25 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 14, 1948 to June 25, 1948
I last saw him alive on June 25, 1948 death is said to have occurred on the date stated above, at 8 AM m.

Immediate cause of death	Duration
Carcinoma of Stomach	6 mos
Due to Carcinoma of liver	3 mos
Due to	
Other conditions Uremia (Include pregnancy within 3 months of death)	15 hours

IMPORTANT Physician — Underline the cause to which death should be charged statistically.

Major findings: Of operations none
Date of
Of autopsy none
What test confirmed diagnosis? Clinical + labora

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Grant J. Chaus M.D. M. D.
(Address) 562 Hyde St. Date 6/26/48

21 Place of Burial, Cremation or Removal. Winthrop (City or Town)
DATE OF BURIAL June 28 1948

22 NAME OF FUNERAL DIRECTOR Lawrence Sullivan
ADDRESS Winthrop Mass.

Received and filed JUN 28 1948 19
(Registrar)

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 45, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-45-15510

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained herennder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given aud the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

M R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 121

1 PLACE OF DEATH
(County) Suffolk
(City or Town) Winthrop
No. 30 Underhill St St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ella Gertrude Burke
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 30 Underhill St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution ..... years months days. In this community 30 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: Single

5a If married, widowed, or divorced
HUSBAND of .....
(Give maiden name of wife in full)
(or) WIFE of .....
(Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 67 Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: at Home

10 Industry or Business: at Home

11 Social Security No. none

12 BIRTHPLACE (City) Boston
(State or country) Mass.

PARENTS

13 NAME OF FATHER John Burke

14 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

15 MAIDEN NAME OF MOTHER Anna Hawkes

16 BIRTHPLACE OF MOTHER (City) Maine
(State or country)

17 Informant Catherine Burke (Relation, if any Sister)
(Address) 30 Underhill St

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter G. Bakeyx
(Signature of Agent of Board of Health or other)
Health Officer 7/1/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June (Month) 29 (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from January 1947, 1947, to June 29, 1948
I last saw her alive on June 29, 1948, death is said to have occurred on the date stated above, at 1:45 P m.

Immediate cause of death ..... Duration
IMPORTANT
Coronary Thrombosis — 4 hours
Due to arterio-sclerotic heart disease — 7 years
Due to .....
Other conditions (include pregnancy within 3 months of death) Bronchial asthma — 2 years
IMPORTANT
Physician
Underline the cause to which death should be charged statistically.

Major findings:
Of operations .....
Date of .....
Of autopsy .....
What test confirmed diagnosis? clinical

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Paul Pikkisaari M. D.
(Address) 236 Shore Dr Winthrop Date 7/1/48

21 Place of Burial, Cremation or Removal. Mt Benedict (City or Town) Boston
DATE OF BURIAL July 2, 1948

22 NAME OF FUNERAL DIRECTOR Maurice Kirby
ADDRESS 510 Winthrop St Winthrop

Received and filed JUL 2 1948 19..
(Registrar)

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

Should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-(g)-1-45-15510

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall fortbwitb, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to tbe best of his knowledge and belief the name of the deceased, bis supposed age, the disease of whicb he died, defined as required by section one, where same was contracted, the duration of his last illness, wben last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by tbe preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has heeu engaged, insert iu the certificate a recital to that effect, specifying the war, and sball also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place hetween February fourteentb, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen bundred and sixteen and nineteen bundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a buman body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he bas received a permit from the board of health or its agent aforesaid or from the clerk of the town where tbe body is buried. No such permit shall be issued until there shall have been delivered to sucb board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, tbe certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within tbirty-six hours after such removal, unless a permit in the usual form for tbe removal of such body has been sooner obtained herennder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given aud the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the deatb, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of sucb a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Cbap. 38, Sec. 6.

No undertaker or other person sball bury a human body or the asbes thereof wbich have been brought into the commonwealth until he bas received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of tbe purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose pbysician is absent from home when the certificate of deatb is needed.

(3) **Medical Examiners** will investigate and certify to all deatbs supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of deatb means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name tbe disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

M R-301 A

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-7-46-19068

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 122

1 PLACE OF DEATH (County) Suffolk
(City or Town) Winthrop
No. 152 Somerset Ave Sf. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Boy Hanlon
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN-IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 152 Somerset Ave Sf.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) Hospital years 1 hr 50 min months days. In this community yrs. mos. + days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OR RACE White
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single

5a If married, widowed or divorced HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE Years Months Days If less than 1 day 1 Hours 50 Minutes

9 Usual Occupation: None

10 Industry or Business: None

11 Social Security No. None

12 BIRTHPLACE (City) (State or Country) Winthrop Mass

PARENTS

13 NAME OF FATHER Robert Hanlon

14 BIRTHPLACE OF FATHER (City) (State or Country) Cambridge Mass

15 MAIDEN NAME OF MOTHER Lucille Ratto

16 BIRTHPLACE OF MOTHER (City) (State or Country) East Boston Mass

17 Informant Robert Hanlon (Relative, if any) Father
(Address) 152 Somerset Ave Win.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter J. Baker
(Signature of Agent of Board of Health or other)

Health Officer 6/30/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 29 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 29, 1948, to June 29, 1948
I last saw him alive on June 29, 1948, death is said to have occurred on the date stated above, at ~~11 A~~ 8 AM m.

Immediate cause of death
Acute Cardiac Failure
with Pulmonary Edema

Duration IMPORTANT 2 hrs

Due to Prematurity 6 months

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Date of

Of autopsy

What test confirmed diagnosis?

IMPORTANT Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Frank H. Schmidt, M. D.
(Address) 19 Prescott St E.B. Date 6/30 1948

21 Holy Cross Place of Burial, Cremation or Removal. Malden (City or Town)
DATE OF BURIAL June 30 1948

22 NAME OF FUNERAL DIRECTOR Charles H. Treanor
ADDRESS East Boston

Received and Filed JUL 2 1948 19
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

RM R-301 A

N.B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-'40-D-729-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 123

PLACE OF DEATH

1 County: Suffolk Boston 19
City or Town: Winthrop
No. Winthrop Cottage Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Baby Boy Ricciardi (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 457 Saratoga St. East Boston
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution 9 days years months days. In this community yrs. mos. days.
(Specify whether) 6 hrs 16 min.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE Years Months Days ~~16~~ If less than 1 day Hours 16 Minutes

9 Usual Occupation:

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) (State or country): Winthrop Mass.

PARENTS

13 NAME OF FATHER: Dominic Ricciardi
14 BIRTHPLACE OF FATHER (City) (State or country): East Boston Mass.
15 MAIDEN NAME OF MOTHER: Jennie Ricciardi (OK)
16 BIRTHPLACE OF MOTHER (City) (State or country): Italy Boston

17 Informant (Address): Dominic Ricciardi 457 Saratoga St. E.B. Relation, if any: Father

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter F. Baker
(Signature of Agent of Board of Health or other)
Health Officer 7/7/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: June (Month) 30 (Day), 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 30, 1948, to June 30, 1948, last saw him alive on June 30, 1948, death is said to have occurred on the date stated above, at 2:50 P.M. Duration IMPORTANT

Immediate cause of death: Congenital Heart Disease

Due to: Patent Foramen Ovale
Foramen Ovale

Due to: atelectasis

Other conditions: Atelectasis of lungs
(Include pregnancy within 3 months of death)
Right Ventricular Hypertrophy

IMPORTANT PHYSICIAN: Underline the cause to which death should be charged statistically.

Major findings:
Of operations: Date of
Of autopsy: Congenital Deformity of Heart
What test confirmed diagnosis? autopsy
Dr. Rooney

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) A. M. Caplan, M. D.
(Address) 186 Princeton St. Date 6-30 1948

21 Lady Lake Cemetery Malden.
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL July 4 1948

22 NAME OF FUNERAL DIRECTOR: William E. Lee
ADDRESS: 411 Saratoga St. E.B.

Received and filed JUL 6 1948 19
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

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RM R-302

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Chelsea (City or town making return)

Registered No. 26821

1 PLACE OF DEATH: Suffolk (County); Chelsea (City or Town); No. U. S. N. H. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Mrs. Emily (n) Anderson (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR) no

(a) Residence. No. 70 Pebble Ave. (Usual place of abode) St. Winthrop, Mass. (If nonresident, give city or town and State)

Length of stay: In hospital or Institution (Before death) Hosp. (Specify whether) years months days. In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 61 years

7 IF STILLBORN, enter that fact here.

8 AGE 50 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: Housewife

10 Industry or Business: none

11 Social Security No.

12 BIRTHPLACE (City) (State or country) Marlboro N.H.

PARENTS

13 NAME OF FATHER: Orlando Morrison

14 BIRTHPLACE OF FATHER (City) (State or country) England

15 MAIDEN NAME OF MOTHER: Hannah Morrison

16 BIRTHPLACE OF MOTHER (City) (State or country) England

17 Informant: John L. Anderson (Husband) (Relation, if any) (Address) 70 Pebble Ave., Winthrop

A TRUE COPY. ATTEST: Joseph A. Tyrrell (Registrar of city or town where death occurred)

DATE FILED 5/17/48 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: May 16, 1948 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from April 15, 1948, to May 16, 1948. I last saw her alive on May 16, 1948 death is said to have occurred on the date stated above, at 6:35P m.

Immediate cause of death: Hypertensive Heart Disease; Myocardial Infarction — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations — Date of

Of autopsy

What test confirmed diagnosis?

Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thos. J. Mathieu, M. D.

(Address) USNH Date 6/16/48 19

21 PLACE OF BURIAL, CREMATION OR REMOVAL: Evergreen (Cemetery) Leominster (City or Town) Mass

DATE OF BURIAL 6/19/48 19

22 NAME OF FUNERAL DIRECTOR: Reynolds Funeral Parlor

ADDRESS Winthrop St., Winthrop, Mass.

Received and filed 19

AUG 2 1948 (Registrar of City or Town where deceased resided)

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m-(b)-6-44-14607

RM R-302

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Somerville (City or town making return)

Registered No. 44125

1 PLACE OF DEATH: Middlesex (County); Somerville (City or Town); No. 8 Fairview Terrace St. (If death occurred in a hospital or institution, give its NAME instead of street and number) (Somerville Sanatorium)

2 FULL NAME: Helen J. Kohler (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 17 Irwin St., Winthrop, Mass St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) Rest Home (Specify whether) years 10 months days. In this community 30 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 77 Years - Months - Days | If less than 1 day Hours Minutes

9 Usual Occupation: Retired

10 Industry or Business: N.E.Tel.& Tel.Co.

11 Social Security No. ----

12 BIRTHPLACE (City) (State or country): Boston, Mass.

PARENTS

13 NAME OF FATHER: Joseph Kohler

14 BIRTHPLACE OF FATHER (City) (State or country): Germany

15 MAIDEN NAME OF MOTHER: Regina Cast

16 BIRTHPLACE OF MOTHER (City) (State or country): Germany

17 Informant: Francis C. Obler (Relation, if any: Nephew)
(Address) 31 College Ave., Medford.

A TRUE COPY. Norman G. Carson
ATTEST: (Registrar of city or town where death occurred)

DATE FILED June 10 19 48.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 9, 1948 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept. 6, 19 47, to June 9, 19 48
I last saw her alive on June 7, 19 48 death is said to have occurred on the date stated above, at 2. P.M. m.

	Duration
Immediate cause of death: Arteriosclerosis	10 Yrs.
Due to: Generalized Arteriosclerotic heart disease	10 Yrs.
Due to: Pulmonary edema	2 Days

Other conditions: None
(Include pregnancy within 3 months of death)

Major findings: Of operations
Date of
Of autopsy None
What test confirmed diagnosis? Clinical Findings

Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Edward T. Downey, M. D.
(Address) 366 Broadway, Som Date 6/10 19 48

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holyhood Cem., Brookline, Mass. (Cemetery) (City or Town)
DATE OF BURIAL June 11, 19 48

22 NAME OF FUNERAL DIRECTOR William H. McKenna
ADDRESS 390 Medford St., Somerville.

Received and filed 19
JUL 13 1948
(Registrar of City or Town where deceased resided)

WHITE PLASTIC LAMINATE RECORD

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m (e)-1-41-4667

RM R-302

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Boston (City or town making return)

Registered No. 584126

1 PLACE OF DEATH: Suffolk (County); Boston (City or Town); No. Palmer Memorial Hospital (N E D H) St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Katherine Burrill (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 12 Sunset Road St. Winthrop Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution (Before death) years months days. (Specify whether) 7½ Hrs In this community 30 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Winfield S Burrill (Husband's name in full)

6 Age of husband or wife if alive 70 years

7 IF STILLBORN, enter that fact here.

8 AGE 68 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: Housewife

10 Industry or Business: Own Home

11 Social Security No. ------

12 BIRTHPLACE (City) (State or country) Ireland

PARENTS

13 NAME OF FATHER: John Butler

14 BIRTHPLACE OF FATHER (City) (State or country): Ireland

15 MAIDEN NAME OF MOTHER: --- Barett

16 BIRTHPLACE OF MOTHER (City) (State or country): Ireland

17 Informant (Address): W S Burrill (Relation, if any: Husband)

A TRUE COPY.
ATTEST:
(Registrar of city or town where death occurred)
DATE FILED July 2/48 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 29/48 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 28, 1948, to June 29, 1948 I last saw her alive on June 29, 1948, death is said to have occurred on the date stated above, at 1;30AM m.

	Duration
Immediate cause of death: Uremia	4 Das.
Due to: Pyelonephritis, chronic bilateral with inactive rt. kidney	10 Years
Due to:	
Other conditions (Include pregnancy within 3 months of death): Diabetes mellitus arterio sclerosis, generalized (Yrs)	~~14 Yrs~~

Physician: Underline the cause to which death should be charged statistically.

Major findings: Of operations: None Date of
Of autopsy: as a bove
What test confirmed diagnosis? Autopsy and tests of blood & urine

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) A Marks, M. D.
(Address) 81 Bay State Rd. Date 6-29 1948

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Cem-Winthrop Mass. (Cemetery) (City or Town)
DATE OF BURIAL July 2/48 19

22 NAME OF FUNERAL DIRECTOR J F O'Maley
ADDRESS Winthrop Mass.

Received and filed JUL 12 1948 19
(Registrar of City or Town where deceased resided)

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

25M-(f)-11-42 10746

RM R-302

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Boston (City or town making return)

Registered No. 5872 127

1 PLACE OF DEATH: Suffolk (County); Boston (City or Town); No. Jewish Memorial Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Sarah Abramovitz (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 5 Wave Way Ave. St. Winthrop Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) years 3 months 28 days. (Specify whether) In this community yrs. 3 mos. 28 days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Max Abramovitz (Husband's name in full)

6 Age of husband or wife if alive ---- years

7 IF STILLBORN, enter that fact here.

8 AGE 75 Years ... Months ... Days | if less than 1 day ... Hours ... Minutes

9 Usual Occupation: Housewife

10 Industry or Business: At Home

11 Social Security No. None

12 BIRTHPLACE (City) (State or country): Russia

PARENTS

13 NAME OF FATHER: Charles Goldman

14 BIRTHPLACE OF FATHER (City) (State or country): Russia

15 MAIDEN NAME OF MOTHER: Mary -----

16 BIRTHPLACE OF MOTHER (City) (State or country): Russia

17 Informant: C Abrams (Relation, if any: Son) (Address) Name legally changed

A TRUE COPY. ATTEST: Michael F Hanning (Registrar of city or town where death occurred)

DATE FILED July 6/48 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: June 30/48 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from March 2, 1948, to June 30, 1948

I last saw her alive on June 30 1948, death is said to have occurred on the date stated above, at 1:20P m.

	Duration
Immediate cause of death: Cerebral thrombosis (recurrent)	3 Das.
Due to: Gen. arterio sclerosis	? Yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death): Left hemiplegia	6 Mos.

Major findings: Of operations ... Date of ... Of autopsy ... What test confirmed diagnosis? Clinical

Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) L D Jacobs, M. D.

(Address) Boston Mass. Date 6-30 19 48

21 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Lebanon Baltimanzer (Cemetery) West Rox. (City or Town)

DATE OF BURIAL July 1/48 19

22 NAME OF FUNERAL DIRECTOR: Henry Levine

ADDRESS: Dorchester Mass.

Received and filed JUL 12 1948 19

(Registrar of City or Town where deceased resided)

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

25M-(f)-11-42 10746

RM R-302

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Boston
(City or town making return)

Registered No. 59428

1 PLACE OF DEATH
Suffolk (County)
Boston (City or Town)
No. Boston Lying In Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Boy Sprague (If U. S. War Veteran, specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 275 Main St. Winthrop Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution ..... years months days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M
4 COLOR OR RACE: W
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: Single

5a If married, widowed, or divorced
HUSBAND of .....
(Give maiden name of wife in full)
(or) WIFE of .....
(Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE ..... Years ..... Months ..... Days | If less than 1 day 1 Hours 51 Minutes

9 Usual Occupation: ------

10 Industry or Business: .....

11 Social Security No. .....

12 BIRTHPLACE (City) (State or country): Boston Mass.

PARENTS

13 NAME OF FATHER: Edward A Sprague

14 BIRTHPLACE OF FATHER (City) (State or country): Boothbay Harbor Maine

15 MAIDEN NAME OF MOTHER: Lillian Wigginton

16 BIRTHPLACE OF MOTHER (City) (State or country): Wise Virginia

17 Informant (Address): Boston Lying In Hospt (Relation to deceased)

A TRUE COPY.
ATTEST: Michael J Manning
(Registrar of city or town where death occurred)
DATE FILED July 6/48 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 30/48
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 30, 1948, to June 30 1948
I last saw him alive on June 30 1948, death is said to have occurred on the date stated above, at 9:05AM m.

Duration

Immediate cause of death
Atelectasis

Due to Prematurity

Due to .....

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations ..... Date of .....
Of autopsy .....
What test confirmed diagnosis? .....

Physician
Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) D E Reid, M. D.
(Address) 221 Longwood Ave. Date 6-30 1948

21 PLACE OF BURIAL, CREMATION OR REMOVAL Calvary Cem-Waltham Mass.
(Cemetery) (City or Town)
DATE OF BURIAL July 5/48 19

22 NAME OF FUNERAL DIRECTOR G M Linehan
ADDRESS Boston Mass.

Received and filed JUL 12 1948 19
(Registrar of City or Town where deceased resided)

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

25M-(f)-11-42 10746

RM R-302

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Boston (City or town making return)

Registered No. 58 1329

1 PLACE OF DEATH: Suffolk (County); Boston (City or Town); No. Mass.General Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME George C Wilfert (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 600 Shirley St. Winthrop Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) years months 10 days. (Specify whether) In this community yrs. mos. 10 days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of Barbara Mayer (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 71 Years 4 Months 17 Days | If less than 1 day Hours Minutes

9 Usual Occupation: Assembly Man Retired

10 Industry or Business: General Electric

11 Social Security No. -----

12 BIRTHPLACE (City) (State or country) Germany

PARENTS

13 NAME OF FATHER: John N Wilfert

14 BIRTHPLACE OF FATHER (City) (State or country): Germany

15 MAIDEN NAME OF MOTHER: Barbara Thierauf

16 BIRTHPLACE OF MOTHER (City) (State or country): Germany

17 Informant (Address): G C Wilfert Jr. (Relation, if any: Son)

A TRUE COPY.
ATTEST: (Registrar of city or town where death occurred)
DATE FILED July 6,1948 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 30/48 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 20, 1948, to June 30, 1948, I last saw him alive on June 30, 1948, death is said to have occurred on the date stated above, at 7:22AM m.

Immediate cause of death: Leukemia,lymphatic chronic — Duration: 6 Yrs

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None Date of

Of autopsy

What test confirmed diagnosis? autopsy

Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J S Lichty, M. D.
(Address) Mass.General Hospt Date 6-30 19 48

21 PLACE OF BURIAL CREMATION OR REMOVAL Forest Hills Cem. Boston (Cemetery) (City or Town)
DATE OF BURIAL July 3/48 19

22 NAME OF FUNERAL DIRECTOR J S Waterman & Sons
ADDRESS Boston Mass.

Received and filed JUL 12 1948 19
(Registrar of City or Town where deceased resided)

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

25M-(f)-11-42 10746

I R-301 A

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a racital to that effect.

100M-7-46-19068

PLACE OF DEATH 1 Suffolk (County) Winthrop (City or Town) No. 64 Moore Street. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 130

2 FULL NAME Arthur James Glassett
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 64 Moore Street St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) No (Specify whether) years months days. In this community 41 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: Married

5a If married, widowed or divorced HUSBAND of Margaret O'Shea
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive 41 years

7 IF STILLBORN, enter that fact here.

8 AGE 49 Years 5 Months 24 Days | If less than 1 day Hours Minutes

9 Usual Occupation: Clerk

10 Industry or Business: Gasoline Station

11 Social Security No.

12 BIRTHPLACE (City) (State or Country) East Boston

PARENTS

13 NAME OF FATHER Thomas Glassett

14 BIRTHPLACE OF FATHER (City) (State or Country) East Boston

15 MAIDEN NAME OF MOTHER Elizabeth Whelan

16 BIRTHPLACE OF MOTHER (City) (State or Country) England

17 Informant Mrs. Margaret Glassett (Wife) (Relation, if any)
(Address) 64 Moore St., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter G. Baker
(Signature of Agent of Board of Health or other)
Health Officer 7/7/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July (Month) 6 (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1947, to July 6, 1948
I last saw him alive on July 5, 1948, death is said to have occurred on the date stated above, at 5:30 a. m.

Immediate cause of death — Duration

IMPORTANT

Due to Coronary thrombosis — 17 days.

Due to Coronary arteriosclerosis — 2 yrs.

Other conditions
(Include pregnancy within 3 months of death)

IMPORTANT

Major findings: Of operations

Date of

Of autopsy

What test confirmed diagnosis? Phys. Exam.

Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? If so, specify No
(Signed) Herman J. Costa, M. D.
(Address) 626 Highland Ave. Malden Date July 7, 1948

21 Place of Burial, Cremation or Removal. Winthrop Cemetery Winthrop (City or Town)
DATE OF BURIAL July 8, 1948

22 NAME OF FUNERAL DIRECTOR Richard C. Kirby
ADDRESS 17 Bennington St., E. Boston

Received and Filed 19
JUL 8 1948 (Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

FORM R-305

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-(d)-6-43-12056

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Boston
(City or town making return)

Registered No. 60531

1 PLACE OF DEATH
SUFFOLK (County)
BOSTON (City or Town)
No. 183 Porter St St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME George H Merrill
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 201 Winthrop St St. Winthrop Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution ..... years months days. In this community 30 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M
4 COLOR OR RACE: W
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Ellen E Swimm
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive 58 years

7 IF STILLBORN, enter that fact here.

8 AGE 69 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: Electrical Engineer

10 Industry or Business: Building Maintenance

11 Social Security No. 021-09-1248

12 BIRTHPLACE (City) (State or country) Moncton New Brunswick

PARENTS

13 NAME OF FATHER: John N Merrill

14 BIRTHPLACE OF FATHER (City) (State or country): New Brunswick

15 MAIDEN NAME OF MOTHER: Anabella Bray

16 BIRTHPLACE OF MOTHER (City) (State or country): New Brunswick

17 Informant (Address): E E Merrill (Relation if any: Wife)

A TRUE COPY.
ATTEST: Michael F Manning
(Registrar of city or town where death occurred)
DATE FILED July 9 19 48

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 6/48
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
Acute cardiac failure probably
coronary sclerosis chronic myocarditis

20 Accident, suicide, or homicide (specify)
Date of occurrence 19
Where did injury occur? (City or town and State)
Did injury occur in or about the home, on farm, in industrial place, or in public place? (Specify type of place)
Manner of injury Collapsed and died quickly
Nature of injury
While at work? ? Was there an autopsy? No

21 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W J Brickley, M. D.
(Address) Boston Mass Date 7-6 19 48

22 Winthrop Cem-Winthrop Mass.
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL July 8/48 19

23 NAME OF FUNERAL DIRECTOR H S Reynolds
ADDRESS Winthrop Mass.

Received and filed 19
JUL 19 1948
(Registrar of City or Town where deceased resided)

R-301 A

DEATH in plain terms, so that it may be properly classified. Exact statement is very important.
See instructions and extracts from the laws on back of certificate.
If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-7-46-19068

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 132

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town)
No. 151 Cottage Pk. Rd. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Thomas M. Barry
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN-IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence No. 151 Cottage Pk Rd St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) years months days. In this community 45 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: Single

5a If married, widowed or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 52 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: Salesman

10 Industry or Business: Automobile

11 Social Security No.

12 BIRTHPLACE (City) East Boston
(State or Country) Mass

PARENTS

13 NAME OF FATHER Patrick Barry

14 BIRTHPLACE OF FATHER (City) Boston
(State or Country) Mass

15 MAIDEN NAME OF MOTHER Annie L. Norton

16 BIRTHPLACE OF MOTHER (City) Boston
(State or Country) Mass

17 Informant Edmund Barry (Brother)
(Address) Adams St. Winthrop (Relationship, if any)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter F. Bakes
(Signature of Agent of Board of Health or other)
Health Office 7/13/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July (Month) 11 (Day) 48 (Year)

19 I HEREBY CERTIFY, That I attended deceased from April, 1948, to 11 July, 1948
I last saw him alive on 11 July, 1948, death is said to have occurred on the date stated above, at 12 noon

Immediate cause of death: Cerebral Hemorrhage — Duration: 10 days

Due to

Due to

Other conditions (Include pregnancy within 3 months of death): Cirrhosis

Major findings: Of operations: Cystostomy & Bladder — Date of

Of autopsy

What test confirmed diagnosis?

IMPORTANT — Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Harry Atwell M. D.
(Address) 200 Pleasant Date 12 July 1948

21 Winthrop Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL July 14 1948

22 NAME OF FUNERAL DIRECTOR John F. O'Malley
ADDRESS Winthrop

Received and Filed JUL 15 1948
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

301

it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L., Chap. 48, Sec. 10, requires physicians to insert a recital to that effect.

100m-(c)-3-46-18278

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop, Mass. (City or town making return)

Registrar's Number 133

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town)

No. 4 Belcher Street St. (If death occurred in a hospital or institution give its NAME instead of street and number)

2 FULL NAME William Doig
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN—IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 4 Belcher Street St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) years months days. (Specify whether) In this community 26 years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male
4 COLOR OR RACE: white
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: widowed

5a If married, widowed, or divorced HUSBAND OF Margaret Archibald (Give maiden name of wife in full)
(or) WIFE OF (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 50 Years 0 Months 23 Days | If less than 1 day Hours Minutes

9 Usual Occupation: Machinist

10 Industry or Business: Charlestown Navy Yard

11 Social Security No. 010-03-7535

12 BIRTHPLACE (City) (State or country) Aberdeen Scotland

PARENTS

13 NAME OF FATHER Andrew Doig

14 BIRTHPLACE OF FATHER (City) (State or country) Aberdeen Scotland

15 MAIDEN NAME OF MOTHER Jane Gray

16 BIRTHPLACE OF MOTHER (City) (State or country) Dundee Scotland

17 Informant Thomas Doig Relation if any (brother)
(Address) 103 Highland Ave, Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter G. Bahlig
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 7/15/48 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July (Month) 13 (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from April 24, 1948, to July 12, 1948

I last saw him alive on July 12, 1948, death is said to have occurred on the date stated above, at 5.00 A.M.

Immediate cause of death — Duration Important

(1) CORONARY OCCLUSION — 12 hours

Due to Coronary sclerosis

Due to

Other conditions (Include pregnancy within 3 months of death) — Important

Major findings: Of operations — Date of

Of autopsy

What test confirmed diagnosis? EKG.

Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. J. Greenfield M.D.

(Address) 447 Shirley St Winthrop Date 7-14 1948

21 Forrest Dale Cemetery, Malden
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL July 16, 1948

22 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop

Received and filed JUL 19 1948 (Registrar)

A TRUE COPY ATTEST:

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

.....

R-301 A

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-45-15510

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 134

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Anna T Emery (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence, No. 61 Marshall Street St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution (Before death) Hosp. (Specify whether) years months 12 days. In this community 25 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of (Given maiden name of wife in full) (or) WIFE of Emerald Emery (Husband's name in full)

6 Age of husband or wife if alive 58 years

7 IF STILLBORN, enter that fact here.

8 AGE 59 Years 3 Months 5 Days | If less than 1 day Hours Minutes

9 Usual Occupation: Housewife

10 Industry or Business: Own Home

11 Social Security No. None

12 BIRTHPLACE (City) (State or country) Boston Mass.

PARENTS

13 NAME OF FATHER: Charles Steinauer

14 BIRTHPLACE OF FATHER (City) (State or country): Sweden

15 MAIDEN NAME OF MOTHER: Katheren Nold

16 BIRTHPLACE OF MOTHER (City) (State or country): Pennsylvania

17 Informant (Address) Emerald Emery Husband (Relation, if any) 61 Marshall St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter G. Baker (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 7/14/48 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July (Month) 13 (Day) 1948 (Year)

19 I HEREBY CERTIFY, that I attended deceased from Oct 15, 1947 to July 13, 1948

I last saw her alive on July 12, 1948 death is said to have occurred on the date stated above, at 12 55 A.M.

Immediate cause of death: Adenocarcinoma of Corpus Uteri with recurrence in pelvic vault and metastases in femur and skull

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings of operation: Adenocarcinoma of Corpus Uteri Date of Nov 11 1947

Of autopsy:

What tests confirm diagnosis: Microscopic + X-ray

Duration: 9 mos.

IMPORTANT Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John J. Williams M. D.

(Address) 429 Beacon Date July 13 1948

21 Place of Burial, Cremation or Removal. Winthrop (City or Town) Winthrop

DATE OF BURIAL July 15 1948

22 NAME OF FUNERAL DIRECTOR Edward [illegible]

ADDRESS [illegible]

Received and filed JUL 15 1948 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained herennder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

M R-302

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

25M-(f)-11-42 10746

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

BOSTON
(City or town making return)

Registered No. 6304 135

1 PLACE OF DEATH
County: SUFFOLK
(City or Town): BOSTON
No. Beth Israel Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Etta Perosino
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR): No

(a) Residence. No. 188 Woodside Ave St. Winthrop Mass
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ..... years 2 months days. In this community yrs. 2 mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: Married

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Vincent Perosino
(Husband's name in full)

6 Age of husband or wife if alive 27 years

7 IF STILLBORN, enter that fact here.

8 AGE 26 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: Floor lady

10 Industry or Business: Lamp factory

11 Social Security No. 015 12 9134

12 BIRTHPLACE (City) East Boston
(State or country) Mass

PARENTS

13 NAME OF FATHER: Saverio Mustone

14 BIRTHPLACE OF FATHER (City)
(State or country) Italy

15 MAIDEN NAME OF MOTHER: Mary Capozzi

16 BIRTHPLACE OF MOTHER (City)
(State or country) Italy

17 Informant: Vincent Perosino (Relation, if any: Husband)
(Address) 188 Woodside Ave Winthrop

A TRUE COPY
ATTEST: Michael F Manning
(Registrar of city or town where death occurred)
DATE FILED July 19 1948 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 13 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Mar 12 19 48, to July 13, 19 48
I last saw her alive on July 13, 19 48 death is said to have occurred on the date stated above, at 6:00 P.M.

	Duration
Immediate cause of death Reticulum cell sarcoma	1 yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Date of
Of autopsy above
What test confirmed diagnosis? Autopsy

Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) H J Isenberg, M. D.
(Address) B I H Date 7/13 19 48

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Malden
(Cemetery) (City or Town)
DATE OF BURIAL July 16 1948 19

22 NAME OF FUNERAL DIRECTOR Clancy Di Pietro
ADDRESS East Boston

Received and filed JUL 26 1948 19
(Registrar of City or Town where deceased resided)

M R-301 A

PLACE OF DEATH
1 Suffolk (County) Boston 8/6/48
Winthrop (City or Town)
No. Winthrop Cross Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 136

2 FULL NAME Gemma Sacco
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 11 Thurston St St. East Boston, Mass.
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution Resp. years months 4 days. In this community yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Mariano Sacco
(Husband's name in full)

6 Age of husband or wife if alive ... years

7 IF STILLBORN, enter that fact here.

8 AGE 67 Years ... Months ... Days | If less than 1 day ... Hours ... Minutes

9 Usual Occupation: Home wife

10 Industry or Business:

11 Social Security No. None

12 BIRTHPLACE (City) Italy
(State or country)

PARENTS

13 NAME OF FATHER Mariano Cordilla

14 BIRTHPLACE OF FATHER (City) Italy
(State or country)

15 MAIDEN NAME OF MOTHER Maria

16 BIRTHPLACE OF MOTHER (City) Italy
(State or country)

17 Informant Henry Sacco Relation, if any (Son)
(Address) 11 Thurston St East Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter G. Bakers M.D.
(Signature of Agent of Board of Health or other)
Health Officer 7/15/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July (Month) 13 (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from July, 1938, to July 13 1948
I last saw her alive on July 13 1948 death is said to have occurred on the date stated above, at 5:00 A.m.

	Duration
Immediate cause of death: Cerebral Hemorrhage	2 days.
Due to: Hypostatic Pneumonia	2 days
Due to: Hypertension	15 yrs.
Due to: Arterio Sclerosis	15 yrs.
Other conditions: Diabetes Mellitus	20 yrs.

(Include pregnancy within 3 months of death)

IMPORTANT PHYSICIAN: Underline the cause to which death should be charged statistically.

Major findings:
Of operations ... Date of
Of autopsy
What test confirmed diagnosis? Clinical

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Charles Liberman M. D.
(Address) 36 Wave Way Rev. Date 7/13/1948

21 Place of Burial, Cremation or Removal. Holy Cross Malden (City or Town)
DATE OF BURIAL July 17 1948

22 NAME OF FUNERAL DIRECTOR Joseph A. Lanzillo
ADDRESS 141 Maverick Sq. East Boston

Received and filed JUL 15 1948 19
(Registrar)

100m-2-'40-D-729-a

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, definded as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No **undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

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M R-301 A

PLACE OF DEATH

Suffolk Revere 8/10/48
(County)

1 Winthrop
(City or Town)

Winthrop Community Hospital
No. ..... St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 137

2 FULL NAME (Baby Girl) Terminello Terminello (If U. S. War Veteran, specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 103 Endicott Ave. St. Revere Mass.
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution ..... years months days. In this community yrs. mos. days.
(Specify whether)

8-1127

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced
HUSBAND of .....
(Give maiden name of wife in full)
(or) WIFE of .....
(Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here. STILLBORN

8 AGE ..... Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: —

10 Industry or Business: —

11 Social Security No. —

12 BIRTHPLACE (City) Winthrop
(State or country) Mass.

PARENTS

13 NAME OF FATHER Joseph Terminello

14 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass

15 MAIDEN NAME OF MOTHER Evelyn Collins

16 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass

17 Informant Joseph Terminello (Relation, if any: father)
(Address) 103 Endicott Ave Revere

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter F. Bakers
(Signature of Agent of Board of Health or other)

Health Officer 7/19/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 16 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from July 16, 1948, to July 16, 1948, I last saw h..... alive on ....., 19....., death is said to have occurred on the date stated above, at ..... m.

Immediate cause of death ..... Duration
Stillborn
Due to Numerous congenital defomities
Due to .....
Other conditions .....
(Include pregnancy within 3 months of death)

IMPORTANT

Major findings:
Of operations: none
Date of —
Of autopsy: none
What test confirmed diagnosis? observation

IMPORTANT PHYSICIAN
Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) John F. Collins, M. D.
(Address) Revere Mass Date July 16 1948

21 Holy Cross Malden
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL July 19 1948

22 NAME OF FUNERAL DIRECTOR Vincent Murray
ADDRESS Revere Mass

Received and filed ..... 19.....
JUL 19 1948
(Registrar)

per undertaker

100m-2-'40-D-729-a

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

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301

it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L., Chap. 48, Sec. 10, requires physicians to insert a recital to that effect.

100m-(c)-3-46-18278

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop (City or town making return)

Registrar's Number 138

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town)

No. Kirkpatrick Nursing Home St. (If death occurred in a hospital or institution give its NAME instead of street and number)

2 FULL NAME Nels Rudolph Nelsson
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN—IMPORTANT (Was deceased a U. S. War Veteran? if so specify WAR) No.

(a) Residence. No. 85 Cottage Avenue St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) Nursing Home (Specify whether) months 1 days. In this community 40 years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male
4 COLOR OR RACE: white
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: married

5a If married, widowed, or divorced HUSBAND OF Nellie Mira Lewis (Give maiden name of wife in full)
(or) WIFE OF (Husband's name in full)

6 Age of husband or wife if alive 56 years

7 IF STILLBORN, enter that fact here.

8 AGE 60 Years 11 Months 10 Days | If less than 1 day Hours Minutes

9 Usual Occupation: retired fire captain

10 Industry or Business: Boston harbor defense

11 Social Security No. none

12 BIRTHPLACE (City) (State or country) Cohasset Mass.

PARENTS

13 NAME OF FATHER Sven ~~Nelsson~~ Nelsson

14 BIRTHPLACE OF FATHER (City) (State or country) Skane Sweden

15 MAIDEN NAME OF MOTHER Jennie Carlsson

16 BIRTHPLACE OF MOTHER (City) (State or country) Kalmar Sweden

17 Informant Mrs. N. R. Nelsson (Relation, if any wife)
(Address) 85 Cottage Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter F. Bakeman
(Signature of Agent of Board of Health or other)

Health Officer
(Official Designation)

7/19/48
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July (Month) 17 (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from April 15, 1948, to July 16, 1948
I last saw him alive on July 16, 1948, death is said to have occurred on the date stated above, at 6:30 A.M.

Immediate cause of death: Carcinoma of Lungs — Duration Important: One year
Due to: Emphysema
Due to: Emphysema — 5 years
Fibrosis of Lungs
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none Date of —
Of autopsy none
What test confirmed diagnosis? Clinical Signs

Important Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) Daniel J. O'Brien M.D.
(Address) Winthrop Mass. Date July 18 1948

21 Place of Burial, Cremation or Removal: Winthrop Cemetery Winthrop (City or Town)
DATE OF BURIAL July 19 1948 19

22 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop St. Winthrop

Received and filed 19
JUL 19 1948 (Registrar)
A TRUE COPY ATTEST:

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

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R-301 A

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-7-46-19068

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 139

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town)
No. 191 Woodside Ave. Winthrop (If death occurred in a hospital or institution give its NAME instead of street and number)

2 FULL NAME Bridie L. Meaney
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 191 Woodside Ave St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) years months days. In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F
4 COLOR OR RACE W
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single

5a If married, widowed or divorced HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 64 Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: None

10 Industry or Business:

11 Social Security No. None

12 BIRTHPLACE (City) (State or Country) Newfoundland

PARENTS

13 NAME OF FATHER — Meaney

14 BIRTHPLACE OF FATHER (City) (State or Country) Newfoundland

15 MAIDEN NAME OF MOTHER Cannot be learned

16 BIRTHPLACE OF MOTHER (City) (State or Country) Newfoundland

17 Informant Mrs. Ruth Graziano (Relation, if any) Cousin
(Address) 119 Woodside Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.
Walter G. Baker
(Signature of Agent of Board of Health or other)
Ho. Off
(Official Designation)
July 20/48.
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July (Month) 20 (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from July 13, 1948, to July 20, 1948
I last saw he EV alive on July 13 1948, death is said to have occurred on the date stated above, at 9 37 A m.

Immediate cause of death — Duration
Acute Cardiac Decompensation — 1 wk
Due to Auricular fibrillation — ?
Due to Chr. myocardite. arteriosclerosis — ?

Other conditions (Include pregnancy within 3 months of death)

IMPORTANT
Major findings: Of operations
Date of
Of autopsy
What test confirmed diagnosis?

Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) D. Thomas Leffler, M. D.
(Address) 2 Byers St. Date July 21 1948

21 Place of Burial, Cremation or Removal. St. Michaels Springfield (City or Town)
DATE OF BURIAL July 23 1948

22 NAME OF FUNERAL DIRECTOR J. Dawson Buckley
ADDRESS 12 Warren St. Roxbury, Mass. (Manager)

Received and Filed JUL 21 1948
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwitb, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any memher of the family of tbe deceased, furnish for registration a standard certificate of death, stating to the hest of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required hy section one, where same was contracted, the duration of bis last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnisbing a certificate of death as required by the preceding section or by section forty-five of chaptcr one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as be can state the same. For neglect to comply witb any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place hetween February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican horder service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Cbap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human hody and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall bave been delivered to such board, agent or clerk, as the case may he, a satisfactory written statement containing the facts required hy law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending pbysician, or if, for sufficient reasons, his certificate cannot he obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending pbysician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot he obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall he returned to the town from which it was removed within thirty-six bours after such removal, unless a permit in the usual form for the removal of such body bas been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The hoard of bealth, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given aud the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can he ohtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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No undertaker or other person shall bury a buman body or the ashes thereof which have been hrought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such hoard, from the clerk of the town where the body is to be huried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as tbose of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any forui of injury, have died without recent medical attendance or whose physician is absent from home wben the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and hy the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled hy recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, astbenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation wbatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

301

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registrar's No. 140

No. 33A Sunnyside Ave. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME James Foster Harriman
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN—IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 33A Sunnyside Ave, St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution (Before death) (Specify whether) years months days. In this community 26 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: Married

5a If married, widowed, or divorced HUSBAND of Alice McGoldrick
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive 55 years

7 IF STILLBORN, enter that fact here.

8 AGE 69 Years 4 Months 29 Days — If less than 1 day Hours Minutes

9 Usual Occupation: Pharmacist

10 Industry or Business: Retail Drugs

11 Social Security No. 049-12-6285

12 BIRTHPLACE (City) Sherburne
(State or country) New York

PARENTS

13 NAME OF FATHER ------- Harriman

14 BIRTHPLACE OF FATHER (City) Unable to obtain
(State or country) New York

15 MAIDEN NAME OF MOTHER Mary Foster

16 BIRTHPLACE OF MOTHER (City) Unable to obtain
(State or country) New York

17 Informant Alice Harriman (Relation, if any) (Wife)
(Address) 33A Sunnysife Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter W. Wakely
(Signature of Agent of Board of Health or other)

Health Officer 7/23/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 21 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 15, 1948, to July 21, 1948
I last saw he alive on July 21, 1948 death is said to have occurred on the date stated above, at 11 P. M.

Immediate cause of death Cirrhosis of liver — Duration IMPORTANT 1948

Due to

Due to

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations none
Date of
Of autopsy none
What test confirmed diagnosis? X-Ray

IMPORTANT Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) G. L. Gately M.D., M. D.
(Address) New Bedford Date 7-22 1948

21 Winthrop Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL July 24 1948

22 NAME OF FUNERAL DIRECTOR Howard S. Finnell
ADDRESS Winthrop Mass.

Received and filed JUL 28 1948 19
(Registrar)

A TRUE COPY ATTEST:

100m-(11-1-45-15510)

from the laws on back of certificate.
If deceased was a U. S. War Veteran, G. L., Chap. 48, Sec. 10, requires physicians to insert a recital to that effect.

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has beeu engaged, insert iu the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained herennder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

M R-302

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-802 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

25M-(I)-11-42 10746

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Boston
(City or town making return)

Registered No. 6471141

1 PLACE OF DEATH
Suffolk (County)
Boston (City or Town)
No. St. Elizabeth's Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mrs. Josephine Honan (If U. S. War Veteran, specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 55 Wave Way Ave. St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution years months 13 days. In this community yrs. mos. 13 days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F
4 COLOR OR RACE: W
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of Daniel J Honan
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 65 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: Housewife

10 Industry or Business: At home

11 Social Security No. none

12 BIRTHPLACE (City) (State or country) Ireland

PARENTS

13 NAME OF FATHER: Patrick Grimes

14 BIRTHPLACE OF FATHER (City) (State or country): Ireland

15 MAIDEN NAME OF MOTHER: Unknown Leahy

16 BIRTHPLACE OF MOTHER (City) (State or country): Ireland

17 Informant Daniel J Honan Jr (Relation, if any son)
(Address)

A TRUE COPY, ATTEST: Michael F Manning
(Registrar of city or town where death occurred)

DATE FILED July 23 1948

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 21, 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from July 8, 1948, to July 21, 1948
I last saw her alive on July 21, 1948 death is said to have occurred on the date stated above, at 11:30A m.

Immediate cause of death phlebothrombosis with massive pulmonary embolus — Duration: July 8
Due to Operation performed for cystocele and lacerated perineum on July 10 Operation performed for
Due to bilateral femoral vein legation on 14 July — July 21

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Of operations as above
Date of
Of autopsy Phlebothrombosis of rt femoral vein with massive pulmonary embolus
What test confirmed diagnosis?

Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) George B McManama, M. D.
(Address) St. Elizabeth's Hosp Date 7/21 1948

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Cemetery Winthrop
(Cemetery) (City or Town)
DATE OF BURIAL 7/24 1948

22 NAME OF FUNERAL DIRECTOR Kirby Bros M Kirby
ADDRESS 210 Winthrop St., Winthrop

Received and filed JUL 30 1948 19
(Registrar of City or Town where deceased resided)

R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 142

PLACE OF DEATH
1 Suffolk (County)
Winthrop (City or Town)
No. Winthrop Comm. Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME MATILDA ECTMAN
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR) No

(a) Residence. No. 34 Trident Ave. St. Winthrop
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution Hosp. (Specify whether) years months 13 days. In this community 23 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word): Widow

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Hyman Ectman
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 61 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: Housework

10 Industry or Business: at home

11 Social Security No. none

12 BIRTHPLACE (City) Russia
(State or country)

PARENTS

13 NAME OF FATHER Isaac Bass

14 BIRTHPLACE OF FATHER (City) Russia
(State or country)

15 MAIDEN NAME OF MOTHER Rose (cannot be learned)

16 BIRTHPLACE OF MOTHER (City) Russia
(State or country)

17 Informant Robert L. Ectman (Relation, if any - Son)
(Address) 34 Trident Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter E. Baker
(Signature of Agent of Board of Health or other)

Health Officer 7/24/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July (Month) 23 (Day) 1948 (Year)

19 I HEREBY CERTIFY That I attended deceased from November 26 1947 to July 23, 1948
I last saw her alive on July 23 1948 death is said to have occurred on the date stated above, at 3:45 p.m.

Immediate cause of death Duration
Cerebral Hemorrhage 48 hrs
Due to Broncho-pneumonia 2 weeks
Due to Diabetes Mellitus 5 years
Other conditions Arteriosclerosis 4 years
(Include pregnancy within 3 months of death)
Uremia 24 hours

IMPORTANT PHYSICIAN
Underline the cause to which death should be charged statistically.

Major findings:
Of operations none
Date of
Of autopsy none
What test confirmed diagnosis? Clinical & laboratory

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Jacob J. Abramson M.D. M. D.
(Address) 562 Shirley St. Date 7/25 1948

21 Place of Burial, Cremation or Removal Woodlawn (City or Town) Woburn
DATE OF BURIAL July 25 1948

22 NAME OF FUNERAL DIRECTOR Benjamin Birnbach
ADDRESS 10 Washington St. Dor.

Received and filed JUL 28 1948 19
(Registrar)

IMPORTANT — Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-'40-D-729-a

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No **undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

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COPY OF CERTIFICATE OF DEATH

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
Bureau of the Census

STATE OF NEW HAMPSHIRE

Town or City Clerk's No. 143

FULL NAME Edward J Grainger

1. PLACE OF DEATH:

(a) County Merrimack

(b) City or town Concord

(c) Name of hospital or institution: Concord Hos ital M.P. Unit

(If not in hospital or institution write street number or location)

(d) Length of stay:
In hospital or institution 18-3/4 hrs
(Specify whether years, months or days)

In this community
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Massachusetts

(b) County Suffolk

(c) City or town Winthrop

(d) Street No. 30 Orlando Ave.
(If rural, give location)

(e) If foreign born, how long in U.S.A.? ..... years

3. (a) If veteran, name war World War 1

(b) Social Security No.

4. Sex	5. Color or race	6. (a) Single, widowed, married, divorced
Male	white	married

6. (b) Name of husband or wife:
Amy Lee
(Full name—Maiden name, if wife)

6. (c) Age of husband or wife, if alive 69 years

7. Birthplace of father not stated

MEDICAL CERTIFICATE

20. DATE OF DEATH: Month July day 25
year 1948 hour 9 min. 11 A m.

21. I HEREBY CERTIFY that I attended the deceased from ....., 19..... to ....., 19.....;

that I last saw h.... alive on ....., 19.....;

and that death occurred on the date and hour stated above.

DURATION

Every item of information should be carefully supplied.

Form V. S. 194
6-46—10M

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

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RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

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SPACE FOR ADDITIONAL INFORMATION.....

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COPY OF CERTIFICATE OF DEATH

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
Bureau of the Census

STATE OF NEW HAMPSHIRE

Town or City Clerk's No. 143

FULL NAME Edward J Grainger

1. PLACE OF DEATH:
(a) County Merrimack
(b) City or town Concord
(c) Name of hospital or institution: Concord Hos ital M.P. Unit
(If not in hospital or institution write street number or location)
(d) Length of stay:
In hospital or institution 18-3/4 hrs
(Specify whether years, months or days)
In this community
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Massachusetts
(b) County Suffolk
(c) City or town Winthrop
(d) Street No. 30 Orlando Ave.
(If rural, give location)
(e) If foreign born, how long in U.S.A.? ..... years

3. (a) If veteran, name war World War 1
(b) Social Security No.

4. Sex	5. Color or race	6. (a) Single, widowed, married, divorced
Male	white	married

6. (b) Name of husband or wife: Amy Lee
(Full name—Maiden name, if wife)
6. (c) Age of husband or wife, if alive 69 years
7. Birth date of deceased not stated
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
69	-	-	hrs. min.

9. Birthplace Boston Mass
(City, Town, or County) (State or Foreign Country)
10. Usual occupation Medical Doctor
11. Industry or business

FATHER
12. Name William H Grainger
13. Birthplace Ireland
(City, Town, or County) (State or Foreign Country)

MOTHER
14. Maiden name Cannot be learned
15. Birthplace not stated
(City, Town, or County) (State or Foreign Country)

16. (a) Informant's own signature Amy Lee
(b) Address Boston Mass
17. (a) Burial
(Burial, Cremation, Entombment, Removal)
(b) Place: Winthrop Cemetery
(If entombed or buried, write name of cemetery)
Winthrop Massachusetts
(City, Town, County) (State or Country)
(c) Date thereof July 28 1948
(Month) (Day) (Year)
If Entombed
(d) Place of burial
(Name of Cemetery)
(City, Town, County) (State)
(e) Date
(Month) (Day) (Year)
18. (a) Signature of funeral director John F. O'Maley
(b) Address 79 Atlantic St., Winthrop Mass
Countersigned Walter C Rowe, M D
(Agent City Board of Health)
19. (a) 7-26-48 (b) 7-26-48
(Date rec. by City Bd. of Health) (Date rec. by Town or city clerk)
Signature of Town or City Clerk Arthur E Roby
Clerk of Concord, N.H.

MEDICAL CERTIFICATE

20. DATE OF DEATH: Month July day 25
year 1948 hour 9 min. 11 A m.
21. I HEREBY CERTIFY that I attended the deceased from ....., 19..... to ....., 19.....;
that I last saw h.... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

	DURATION
Immediate cause of death	
Gastric hemorrhage (probable peptic ulcer)	36 hrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically
Please write the causes of death clearly and legibly

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur?
(City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. SIGNATURE C R Mullins
M.D. or other M.D. Date signed 7-25-48
Address Concord, N.H.

A true copy, Attest: Arthur E. Roby
Clerk of Concord, N.H. Dated 7-26-48 JUL 28 1948, 19.....

Form V. S. 19A 6-46—10M 8458

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied.
The correct age is especially important.

J.L.SCHAN

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK.

2-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 141

PLACE OF DEATH

1 County: Suffolk
City or Town: Winthrop
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Di Gregorio (Baby Boy)
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 37 Crest Ave. St. Beachmont Revere
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution Hosp. (Specify whether) years months days. In this community yrs. mos. days.
(hr 10 min.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Baby C

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive ~~Stillborn~~ years

7 IF STILLBORN, enter that fact here.

8 AGE Years Months Days | If less than 1 day Hours 10 Minutes

9 Usual Occupation:

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Winthrop, Mass
(State or country)

PARENTS

13 NAME OF FATHER: Anthony Di Gregorio
14 BIRTHPLACE OF FATHER (City) Boston
(State or country) Italy
15 MAIDEN NAME OF MOTHER: Phyllis Marcello
16 BIRTHPLACE OF MOTHER (City) Malden
(State or country) Italy

17 Informant: Anthony Di Gregorio Relation, if any (Father)
(Address) 37 Crest Ave Revere

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter A. Baker
(Signature of Agent of Board of Health or other)
Health Officer 7/30/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 27 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from July 27, 1948 to July 27, 1948
I last saw him alive on July 27, 1948, death is said to have occurred on the date stated above, at 10.55 A.M.

Immediate cause of death: Asphyxia Neonatorum, Hour
Neonatorum 10 min
Due to: Umbilical cord being wrapped tightly
Due to: Uterine neck - torsion

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Date of —
Of autopsy: None
What test confirmed diagnosis? —

Duration IMPORTANT

IMPORTANT PHYSICIAN: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) John F. Collins, M. D.
(Address) Revere Mass Date July 27 1948

21 St. Michaels Cemetery Malden
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL July 30, 1948

22 NAME OF FUNERAL DIRECTOR Paul Cuccatti & Sons
ADDRESS 7 Bennett St Revere

Received and filed AUG 2 1948 19
(Registrar)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

John Cuccatti & Son
July 10 1948 McKinley

Cert. 7-30-48

100m-2-'40-D-729-a

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

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R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 145

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hosp. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Harry Everett Weile
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 53 Lincoln St.
(Usual place of abode)
(If nonresident, give city or town and State)

Length of stay: In hospital or institution Hosp. years months 9 days. In this community 38 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: Married

5a If married, widowed, or divorced
HUSBAND of Ethel S. Hamlin
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive 66 years

7 IF STILLBORN, enter that fact here.

8 AGE 67 Years 7 Months 6 Days | If less than 1 day Hours Minutes

9 Usual Occupation: Repairman (Rtd.)

10 Industry or Business: New England Tel & Tel Co.

11 Social Security No. 011-07-9135

12 BIRTHPLACE (City) Waterloo
(State or country) Nova Scotia

PARENTS

13 NAME OF FATHER Elam Weile

14 BIRTHPLACE OF FATHER (City) Waterloo
(State or country) Nova Scotia

15 MAIDEN NAME OF MOTHER Anastasia Leneten

16 BIRTHPLACE OF MOTHER (City) East Port Medway
(State or country) Nova Scotia

17 Informant Lena F. E. Weile Relation, Wife
(Address) 53 Lincoln St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter L. Baker
(Signature of Agent of Board of Health or other)
Health Officer 7/28/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July (Month) 27 (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from July 15, 1948, to July 27, 1948
I last saw him alive on July 27, 1948, death is said to have occurred on the date stated above, at 3.30 A. m.

Immediate cause of death: Cerebral Thrombosis — Duration: 1948
Due to: Arteriosclerosis — 1947
Due to:
Other conditions: None
(Include pregnancy within 3 months of death)
Major findings: None
Of operations
Date of
Of autopsy
What test confirmed diagnosis? Stethoscope

IMPORTANT — Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) G. Lynde Gately M.D. M. D.
(Address) 324 Bennett Boston 7-27 1948

Place of Burial, Cremation or Removal: Winthrop Cemetery Winthrop (City or Town)
DATE OF BURIAL July 29 1948

22 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 74 Winthrop St. Winthrop

Received and filed JUL 28 1948 19
(Registrar)

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

Forms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-(g)-1-45-15510

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

RM R-305

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-(d)-6-43-12056

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

BOSTON
(City or town making return)

Registered No. 668146

1 PLACE OF DEATH
SUFFOLK (County)
BOSTON (City or Town)
No. Massachusetts General Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Richard Alan Hersey (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR) no

(a) Residence. No. 166 Bowdoin St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution hospital years months days. In this community 19 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M
4 COLOR OR RACE: W
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 19 Years 0 Months 18 Days | If less than 1 day Hours Minutes

9 Usual Occupation: Student

10 Industry or Business: Winthrop High School

11 Social Security No. 010-22-7735

12 BIRTHPLACE (City) (State or country) Boston, Mass.

PARENTS

13 NAME OF FATHER: Harold Sydney Hersey

14 BIRTHPLACE OF FATHER (City) (State or country): Auburn, Maine

15 MAIDEN NAME OF MOTHER: Frances Calahan

16 BIRTHPLACE OF MOTHER (City) (State or country): Boston, Mass.

17 Informant: Mrs Harold S Hersey (Relation, if any: mother)
(Address)

A TRUE COPY.
ATTEST: [signature]
(Registrar of city or town where death occurred)
DATE FILED Aug 2 1948

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 29, 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
Fracture of skull

20 Accident, suicide, or homicide (specify) accident
Date of occurrence 7-28 1948
Where did injury occur? Winthrop
(City or town and State)
Did injury occur in or about the home, on farm, in industrial place, or in public place? Parkway
(Specify type of place)
Manner of injury Struck sea wall while
Nature of injury riding motorcycle
While at work? Was there an autopsy? yes

21 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Richard Ford, M. D.
(Address) Date 7/29 1948

22 Place of Burial, Cremation or Removal: Winthrop Cemetery Winthrop (City or Town)
DATE OF BURIAL July 31 1948

23 NAME OF FUNERAL DIRECTOR Alfred B Marsh
ADDRESS 174 Winthrop St., Winthrop

Received and filed AUG 9 1948
(Registrar of City or Town where deceased resided)

R-301 A

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate. Deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-7-46-19068

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 147

1 PLACE OF DEATH (County) Suffolk Revere 8/6/48
(City or Town) Winthrop community
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

2 FULL NAME King ~~Fred~~ James W.
(If deceased is a married, widowed or divorced woman, give also maiden name)
(a) Residence No. 139 Pleasant St. St. Revere Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution Wrap years months 21 days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M.
4 COLOR OR RACE W
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married

5a If married, widowed or divorced HUSBAND of Agnes T. Myles
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive 59 years

7 IF STILLBORN, enter that fact here.

8 AGE 67 Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: Foreman

10 Industry or Business: Forbes Lit. Co

11 Social Security No. 013-03-1256

12 BIRTHPLACE (City) (State or Country) Boston Mass

PARENTS
13 NAME OF FATHER James King
14 BIRTHPLACE OF FATHER (City) (State or Country) England
15 MAIDEN NAME OF MOTHER Annie Burroughs
16 BIRTHPLACE OF MOTHER (City) (State or Country) Boston Mass

17 Informant Agnes T. King (Relation, if any) Wife
(Address) 139 Pleasant St Revere

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter F. Baker
(Signature of Agent of Board of Health or other)
Health Officer 8/1/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 30 - 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from July 9-1948 to July 30, 1948
I last saw him alive on July 30, 1948, death is said to have occurred on the date stated above, at 12.40 P m.

Immediate cause of death — Duration
Carcinoma of Sigmoid — 3 Mos.
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma of Sigmoid
Date of July 18-1948
Of autopsy None
What test confirmed diagnosis? Operation

IMPORTANT — Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) John Collins M.D.
(Address) 123 Benjamin St Date July 30, 1948, M. D.

21 Place of Burial, Cremation or Removal. Holy Cross (City or Town) Malden
DATE OF BURIAL Aug 2 1948, 19

22 NAME OF FUNERAL DIRECTOR R. J. McNeill
ADDRESS Revere

Received and Filed AUG 2 1948, 19
(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

M R-301 A

Information should be carefully supplied. NOS should be avoided. Use full words. Write clear. DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-7-46-19068

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent

Registered No. 148

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town) No. 211 Pleasant St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary E Sullivan (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN-IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. No. 211 Pleasant St. (Usual place of abode) (If nonresident, give city or town and State) —

Length of stay: In hospital or institution (Before death) no (Specify whether) years months days. In this community 15 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE (write the word) MARRIED ~~WIDOWED~~ or DIVORCED: WIDOWED

5a If married, widowed or divorced HUSBAND of — (Give maiden name of wife in full) (or) WIFE of Timothy J. Sullivan (Husband's name in full)

6 Age of husband or wife if alive — years

7 IF STILLBORN, enter that fact here. —

8 AGE 69 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: At home

10 Industry or Business: Own

11 Social Security No. —

12 BIRTHPLACE (City) (State or Country): Limerick Ireland

PARENTS

13 NAME OF FATHER: John Ahearn

14 BIRTHPLACE OF FATHER (City) (State or Country): Limerick Ireland

15 MAIDEN NAME OF MOTHER: Margaret Carr

16 BIRTHPLACE OF MOTHER (City) (State or Country): Limerick Ireland

17 Informant: BRYAN Bryan Sullivan (Relation, if any) Son (Address) 211 Pleasant ST Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter F. Baker (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 7/30/48 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July (Month) 30, (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from July 12, 1948, to July 30, 1948

I last saw her alive on July 30, 1948, death is said to have occurred on the date stated above, at 10:50 A.m.

Immediate cause of death Carcinoma of the Colon with metastases to the liver metastases 1 mos.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) Generalized Arteriosclerosis with Arteriosclerotic Heart disease Diabetes mellitus years. 16 yrs.

Major findings: Of operations not performed Date of

Of autopsy —

What test confirmed diagnosis? Clinical.

Duration IMPORTANT Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph A. Fanciletti, M. D.

(Address) 66 Saratoga St. E.B. Date July 30 1948.

21 Holy Cross Cemetery Malden Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL Aug 2 1948

22 NAME OF FUNERAL DIRECTOR Paul J. Kelly

ADDRESS 11 Meridian St E.B.

Received and Filed 19

AUG 2 1948 (Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

RM R-302

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

(City or town making return)

Registered No. 149

1 PLACE OF DEATH (County) (City or Town) No. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME EDITH M. WILSON (If U. S. War Veteran,

Bureau of Vital Statistics — CONNECTICUT STATE DEPARTMENT OF HEALTH, Hartford, Connecticut, U. S. A. — Certificate of Death

1. Place of Death
a. County
b. City or town NEW HAVEN (Note: If outside city or town limits, write rural)
c. Name of Hospital or Institution Grace Hosp. (Note: If not in hosp. or inst., give street No. or location)
d. Length of stay: In hosp. or inst. in this community
2. Usual residence of deceased
a. State Mass. b. County
c. City or town Winthrop Highlands (Note: If outside city or town limits, write rural)
d. Street No. Winthrop (Note: If rural, give location)
e. If foreign-born, how long in U. S. A.?
3a. Full name Edith M. Wilson
3b. Social Security Number

PERSONAL AND STATISTICAL PARTICULARS

4. Sex female 5. Race White 6. Single, widowed, married, divorced
6a. If married, widowed, or divorced, give name of husband or wife Robert Wilson
6b. Age of husband or wife, if alive
7. Date of death Apr. 19, 1948 (month day year)
8. Date of birth of deceased Dec. 23, 1885 (month day year)
9. Age 62 years 3 months 26 days If less than one day hrs. mins.
10. Birthplace Boston Mass. (City or town, State or foreign country)
11. Usual occupation Housewife
12. Industry or business

FATHER
13. Name Robert A. Neilson
14. Birthplace (City or town, State or foreign country)

MOTHER
15. Maiden name Mary G. Walsh
16. Birthplace England (City or town, State or foreign country)

17a. Informant John O'Haley
17b. Address Winthrop, Mass.
18. Burial, Cremation, or Removal, Date 4-19-48
Cemetery Winthrop
Place Winthrop, Mass.

Was Deceased a Veteran? no If so, give War
Company Regiment Was Body Embalmed? yes
If so, Name of Embalmer J. J. O'Meara License No. 1200
Signature of Licensed Embalmer or Licensed Undertaker Hugh A. Keenan Son
Address New Haven, Conn.

Form V. S. 15 (11-47) 20M

MEDICAL CERTIFICATION

19. I hereby certify that I attend the deceased from 4-10-48, 19, to 4-19-48, 19; I last saw h F alive on 4-19-48, 19; death is said to have occurred on 4-19-48 at 9:05 a. m.

Immediate cause of death	Duration
Coronary thrombosis	9days
Pulmonary thrombosis	9 days

Due to: Chronic myocarditis ?

Due to: Generalized arteriosclerosis ?

Other morbid conditions (including any pregnancy within 3 months of death)

Major findings of operations

Of autopsy

Physicians: Underline the one cause above, to which death should be charged statistically.

20. If death was due to external causes, fill in the following:
a. Accident, suicide, or homicide (specify) b. Date of occurrence
c. Where did injury occur? (City or town, county, state)
d. Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
e. While at work?
f. Means of injury

21. Signature of physician M. J. Carpinella, MD
Address Branford, Ct. Date signed 4-19-48
Received for record this 19th day of Apr. 19 48
The foregoing is a true copy. Attest: John F. Coleman, Registrar

Received for filing in the State Office MAY 10 1948

Informant (Address) (Cemetery) (City or Town)

DATE OF BURIAL 19

A TRUE COPY.
ATTEST:
(Registrar of city or town where death occurred)
DATE FILED 19

22 NAME OF FUNERAL DIRECTOR
ADDRESS

Received and filed AUG 26 1948 19
(Registrar of City or Town where deceased resided)

25M-(1)-11-4

RM R-302

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

30m-(b)-6-44-14607

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Waltham
(City or town making return)

Registered No. 352 150

1 PLACE OF DEATH: Middlesex (County); Waltham (City or Town); No. Murphy General Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Thomas Borelli (If deceased was married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. Qtrs. 13 C, Ft. Banks St. Winthrop, Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) years 1 months 27 days. (Specify whether) In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Laurette E. Briard (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 53 years

7 IF STILLBORN, enter that fact here.

8 AGE 53 Years 19 Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: U. S. Army

10 Industry or Business:

11 Social Security No. None

12 BIRTHPLACE (City) (State or country) Puerto Rico

PARENTS

13 NAME OF FATHER: Domingo Borelli

14 BIRTHPLACE OF FATHER (City) (State or country): Corsica

15 MAIDEN NAME OF MOTHER: Tomasa Alicia

16 BIRTHPLACE OF MOTHER (City) (State or country): Puerto Rico

17 Informant: Mrs. Laurette Borelli wife (Address) Winthrop, Mass. (Relation, if any)

A TRUE COPY.
ATTEST: Wm J Lange
(Registrar of city or town where death occurred)

DATE FILED July 14 19 48

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: July (Month) 3, (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 7 19 48, to July 3 19 48, I last saw him alive on July 3 19 48, death is said to have occurred on the date stated above, at 12:05PM.

Immediate cause of death	Duration
Bronchial pneumonia, terminal and lung abscess.	1 mo.
Due to	
Due to Hodgkin's Disease	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations ... Date of ... Of autopsy ... What test confirmed diagnosis?

Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Charles H. Kinley, M. D.
(Address) Waltham, Mass. Date 7-4 1948

21 PLACE OF BURIAL, CREMATION OR REMOVAL: Devens (Cemetery) Devens com., Ft. Devens, Mass. (City or Town)
DATE OF BURIAL July 7 19 48

22 NAME OF FUNERAL DIRECTOR: William J. Cox
ADDRESS: Belmont, Mass.

Received and filed AUG 13 1948 19
(Registrar of City or Town where deceased resided)

RM R-302

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

30m-(b)-6-44-14607

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

REVERE (City or town making return)

Registered No. 151

1 PLACE OF DEATH: Suffolk (County); Revere (City or Town); No. Resthaven Nursing Home St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Samuel James Byrne (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR) No

(a) Residence. No. 44 Cliff Avenue St. Winthrop, Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution Nursing Home years 4 months days. (Before death) (Specify whether) In this community 50 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): widowed

5a If married, widowed, or divorced HUSBAND of Adelaide Adams (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 99 Years 10 Months 9 Days | If less than 1 day Hours Minutes

9 Usual Occupation: retired

10 Industry or Business: commercial advertising

11 Social Security No. none

12 BIRTHPLACE (City) Jamaica (State or country) West Indies

PARENTS

13 NAME OF FATHER Francis Byrne

14 BIRTHPLACE OF FATHER (City) (State or country) Ireland

15 MAIDEN NAME OF MOTHER Henrietta Woods

16 BIRTHPLACE OF MOTHER (City) (State or country) England

17 Informant Mrs. Harry A. Torrey Relation, if any Daughter
(Address) 44 Cliff Ave., Winthrop

A TRUE COPY.
ATTEST: Joseph F. Shurtleff
(Registrar of city or town where death occurred)

DATE FILED July 29, 1948

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July (Month) 18, (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from March 15, 1948, to July 18, 1948
I last saw him alive on July 18, 1948 death is said to have occurred on the date stated above, at 11:20P m.

	Duration
Immediate cause of death: Bronchopneumonia	2 days
Due to: Cerebral hemorrhage	2 days
Due to: Arteriosclerotic Heart Disease	10 yrs.

Other conditions: None (Include pregnancy within 3 months of death)

Major findings: Of operations ---
Date of
Of autopsy
What test confirmed diagnosis?

Physician: Underline the cause to which death should be charged statistically.

20 Was disease or Injury in any way related to occupation of deceased?
If so, specify

(Signed) Myron N. King M. D.
(Address) 562 Shirley St. Winthrop, Mass. Date 7/19 1948

21 PLACE OF BURIAL, CREMATION OR REMOVAL Pine Grove Cemetery (Cemetery) Brunswick, Maine (City or Town)
DATE OF BURIAL July 22, 1948

22 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop St., Winthrop

Received and filed AUG 17 1948 19
(Registrar of City or Town where deceased resided)

M R-303-A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or Its Agent.

Registered No. 152

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. Winthrop Beach near Brewster Ave St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Daniel Francis Ford
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN—IMPORTANT (Was deceased a U. S. War Veteran, If so specify WAR) World War #1

(a) Residence. No. 1068 Shirley Street St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ..... years months days. In this community 14 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Sara T Shuckerow
(Give maiden name of wife in full)
(or) WIFE of .....
(Husband's name in full)

6 Age of husband or wife if alive 49 years

7 IF STILLBORN, enter that fact here.

8 AGE 54 Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Correction Officer

10 Industry or Business: Penal Institutions

11 Social Security No. .....

12 BIRTHPLACE (City) South Boston
(State or country) Mass

PARENTS

13 NAME OF FATHER Martin J. Ford

14 BIRTHPLACE OF FATHER (City) .....
(State or country) Ireland

15 MAIDEN NAME OF MOTHER Mary Connor

16 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass

17 Informant Sara T Ford Relation, if any Wife
(Address) 1068 Shirley St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter F. Baker M.D.
(Signature of Agent of Board of Health or other)
Health Officer 8/5/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 3 - 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
Acute Cardiac Failure:
Probably Coronary Sclerosis
Hypertensive Heart Disease

20 Accident, suicide, or homicide (specify) .....
Date of occurrence ..... 19 .....
Where did injury occur? .....
(City or town and State)
Did injury occur in or about home, on farm, in industrial place, or in public place? .....
(Specify type of place)
Manner of Injury Collapsed while walking on
Nature of Injury beach & died quickly
While at work? — Was there an autopsy? no

21 Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Nor J. Brickley M.D. M. D.
(Address) Boston Date 8-4 1948

22 Winthrop Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Aug 6 1948

23 NAME OF FUNERAL DIRECTOR John F. O'Malley
ADDRESS Winthrop Mass

Received and filed ..... 19 .....
AUG 5 1948
(Registrar)

should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect

50m-(f)-6-43-12056

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death ... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;... —General Laws, Chap. 38, Sec. 6.

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—General Laws, Chap. 38, Sec. 7.

... The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and *manner* thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause* its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)

Ent Dis

Nov. 9 1917

Sept 30 1920

Carpenters Mate 2C U.S. Navy

Ht. 5 ft 2 1/2 in

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—General Laws, Chap. 38, Sec. 14.

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

R-301 A

Revere 9/10/48

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 153

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town)

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles Edward Meighan
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran if so specify WAR): no

(a) Residence. No. 96 Florence Ave., St. Revere
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution 2 days. years months 14 days. In this community yrs. mos. 5 days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): widowed

5a If married, widowed, or divorced
HUSBAND of Elizabeth A. Burke
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 73 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: Retired ~~superintendent~~

10 Industry or Business: Sheet Metal Worker ~~iron works~~

11 Social Security No. none

12 BIRTHPLACE (City) (State or country) Portage Wisconsin

PARENTS

13 NAME OF FATHER John Meighan

14 BIRTHPLACE OF FATHER (City) (State or country) Ireland

15 MAIDEN NAME OF MOTHER Bridget O'Neil

16 BIRTHPLACE OF MOTHER (City) (State or country) ~~Wisconsin~~ Ireland

17 Informant Marie Gavin (Relation if any daughter)
(Address) 96 Florence Ave., Revere

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter F. Bakes
(Signature of Agent of Board of Health or other)

Health Officer 8/5/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August (Month) 3 (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from July 20, 1948, to Aug 3, 1948
I last saw him alive on Aug 3, 1948, death is said to have occurred on the date stated above, at 5 P. M.

Immediate cause of death Coronary Thrombosis — Duration 1 day

Due to Arteriosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Date of

Of autopsy What test confirmed diagnosis? Electro cardiogram

IMPORTANT — Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) G. Lincoln Gates M. D.
(Address) 424 Broadway Revere Date 8-5 1948

21 Place of Burial, Cremation or Removal: St. Johns Worcester (City or Town)
DATE OF BURIAL Aug. 6, 1948 19

22 NAME OF FUNERAL DIRECTOR J. Vincent Murray
ADDRESS Revere Mass.

Received and filed AUG 9 1948 19
(Registrar)

Marie Meighan Gavin - Aug. 9, 1948

If deceased was a U. S. War Veteran, G. L. Chap. 45, Section 19 requires physicians to insert a recital to that effect.

100m-(g)-1-45-15510

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

FORM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate. If deceased was a U. S. War Veteran, G. L., Chap. 46, Sec. 10, requires physician to insert a recital to that effect.

100m(h)-1-41-4695

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return) .....

Registered No. 154

PLACE OF DEATH

1 (County) Suffolk

(City or Town) Winthrop

No. 46 Washington Ave, Winthrop St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME [redacted] BESSIE S. COBB nee Schryver
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN—IMPORTANT (Was deceased a U. S. War Veteran? If so, specify WAR) .....

(a) Residence. No. 139 Cliff Avenue St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution 3 weeks years / months 15 days. (Before death) (Specify whether) In this community 56 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX fem.

4 COLOR OR RACE white

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word) widowed

5a If married, widowed, or divorced
HUSBAND of .....
(Give maiden name of wife in full)
(or) WIFE of Albert W. Cobb.
(Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 87 Years 6 Months 16 Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Housework.

10 Industry or Business: Own Home.

11 Social Security No. .....

12 BIRTHPLACE (City) Portland
(State or country) Maine

PARENTS

13 NAME OF FATHER S. Schryver

14 BIRTHPLACE OF FATHER (City) Amsterdam
(State or country) Holland

15 MAIDEN NAME OF MOTHER Rosette Van Wechsel

16 BIRTHPLACE OF MOTHER (City) Amsterdam
(State or country) Holland

17 Informant Rosalie M. Cobb. Relation, if any (daughter)
(Address) 39 Claremont Ave. New York N. Y.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter F. Baker
(Signature of Agent of Board of Health or other)

Health Office 8/4/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 4th 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from August 1, 1948, to Aug. 4 1948 I last saw him alive on Aug. 4 1948, death is said to have occurred on the date stated above, at 7:50 a.m.

Immediate cause of death — Duration — Important
a Left hemiplegia 25 days
b Antecedent thrombosis
Due to arteriosclerosis
Due to .....
Other conditions Varicose ulcer lt leg 2 yrs — Important
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Date of .....
Of autopsy .....
What test confirmed diagnosis? clinical

PHYSICIAN — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Paul P. Weinsaft M. D.
(Address) 238 Shore Drive Winthrop, Mass. Date 8/4 1948

21 Everett, Mass. Woodlawn
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Aug. 7 1948

22 NAME OF FUNERAL DIRECTOR Frank S. Whitney
ADDRESS 30 Laurel St., Melrose, Mass.

Received and filed AUG 5 1948 19.....

A TRUE COPY ATTEST: (Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —*General Laws, Chap.* 38, *Sec.* 6.

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RULES OF PRACTICE

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(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

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.....

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R-301 A

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
See instructions and extracts from the laws on back of certificate.
If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-7-46-19068

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 155

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town) No. 75 Summit Ave St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME George L. Cusick
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) World #1

(a) Residence. No. 75 Summit Ave St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) years months days. In this community 48 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: Married

5a If married, widowed or divorced HUSBAND of Margaret Barter
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive 38 years

7 IF STILLBORN, enter that fact here.

8 AGE 48 Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: President Boston Corp Co.

10 Industry or Business: Steamship s

11 Social Security No. 025 --05--8798

12 BIRTHPLACE (City) Winthrop
(State or Country) Mass

PARENTS

13 NAME OF FATHER John F. Cusick

14 BIRTHPLACE OF FATHER (City) Boston
(State or Country) Mass

15 MAIDEN NAME OF MOTHER Mary Haris r

16 BIRTHPLACE OF MOTHER (City) Quincy
(State or Country) Mass

17 Informant Margaret Cusick (Relationship, if any) Wife
(Address) 75 Summit Ave

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter L. Baker
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation) 8/7/48 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Aug 6 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from ~~June~~ May 6, 1948, to Aug 6, 1948, last saw h m alive on Aug 5 1948, death is said to have occurred on the date stated above, at 2.00 A m.

Immediate cause of death
myocarditis — Duration June 1

Due to

Due to

Other conditions coronary thrombosis — June 1
(Include pregnancy within 3 months of death)

Major findings: Of operations Date of
Of autopsy
What test confirmed diagnosis? laboratory

IMPORTANT Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) John Coley M. D.
(Address) 108 Meridian St Boston Date 8/7 1948

21 Holywood Brookline
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL Aug 9 1948 19

22 NAME OF FUNERAL DIRECTOR John F. O'Malley
ADDRESS Winthrop

Received and Filed AUG 9 1948 19
(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

R-301 A

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
See instructions and extracts from the laws on back of certificate.
If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-7-46-19068

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 156

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town) No. 34 Madison Ave St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Theresa A. (De Coste) DeLorey
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 34 Madison Ave St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) years months days. In this community 40 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: Widowed

5a If married, widowed or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Peter F. DeLorey (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 72 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: Housewife

10 Industry or Business: Own Home

11 Social Security No.

12 BIRTHPLACE (City) Antigonish (State or Country) N.S.

PARENTS

13 NAME OF FATHER Cannot be learned

14 BIRTHPLACE OF FATHER (City) Antigonish (State or Country) N. S.

15 MAIDEN NAME OF MOTHER Cannot be learned

16 BIRTHPLACE OF MOTHER (City) Antigonish (State or Country) N.S.

17 Informant Leo DeLorey (Relation, if any Son)
(Address) 34 Madison Ave

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter F. Baker
(Signature of Agent of Board of Health or other)

Health Officer
(Official Designation)

8/11/48
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Aug (Month) 9 (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from June, 1947, to Aug 9, 1948

I last saw her alive on Aug 9, 1948, death is said to have occurred on the date stated above, at 4 A'm.

Immediate cause of death Cerebral hemorrhage — Duration

Due to Arteriosclerosis (renal) — 2 yr

Due to Hypertension — 4 yr

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Date of

Of autopsy

What test confirmed diagnosis?

IMPORTANT — Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) [illegible], M. D.
(Address) 30 [illegible] Date 11 Aug 1948

21 Place of Burial, Cremation or Removal: St Josephs (City or Town) Boston
DATE OF BURIAL Aug. 13 1948 19

22 NAME OF FUNERAL DIRECTOR John F. O'Malley
ADDRESS Winthrop

Received and Filed AUG 13 1948 19
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

R-301 A

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-7-46-19068

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 157

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town) Ward Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles Edward Eskrigge
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) NO

(a) Residence. No. 573 Shirley St. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution hospital years months 12 days. In this community 60 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male
4 COLOR OR RACE: white
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: married

5a If married, widowed or divorced HUSBAND of Augusta Papenhausen
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive 59 years

7 IF STILLBORN, enter that fact here.

8 AGE 69 Years 7 Months 14 Days | If less than 1 day Hours Minutes

9 Usual Occupation: boat rentals

10 Industry or Business: own business

11 Social Security No. none

12 BIRTHPLACE (City) Montreal
(State or Country) Canada

PARENTS

13 NAME OF FATHER Thomas Eskrigge

14 BIRTHPLACE OF FATHER (City) Manchester
(State or Country) England

15 MAIDEN NAME OF MOTHER Esther Halcroft

16 BIRTHPLACE OF MOTHER (City) Manchester
(State or Country) England

17 Informant (Address) Mrs. C.E. Eskrigge (Relation, if any) wife
573 Shirley St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

Walter G. Baker
(Signature of Agent of Board of Health or other)

Health Officer
(Official Designation)

8/11/48
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August (Month) 9 (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept, 1946, to Aug 9, 1948

I last saw him alive on Aug 9, 1948, death is said to have occurred on the date stated above, at 9 05 P.M.

	Duration
Immediate cause of death (1) Uremia	3 days
(2) Carcinoma of Pancreas with obstructive jaundice	IMPORTANT 1-2 yrs.
Due to (3) Congestive Heart failure	1 day.
Due to (4) Arterio-sclerotic Heart dis. with auricular	5-6 yrs.

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma of Pancreas
Date of Aug 8, 1948

Of autopsy

What test confirmed diagnosis? Biopsy taken

IMPORTANT — Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? If so, specify no.

(Signed) Morgan N. King, M. D.
(Address) 562 Shirley St Winthrop Date Aug 10 1948

21 Place of Burial, Cremation or Removal: Winthrop Cemetery, Winthrop (City or Town)
DATE OF BURIAL August 12, 1948 19

22 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop St, Winthrop

Received and Filed AUG 13 1948 19
(Registrar)

Augusta H. Eskrigge 9/7/48

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

M R-301 A

N. B. WRITE PLAINLY, WITH INKING BLACK INK. THIS IS A LEGAL RECORD. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-'40-D-729-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 158

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town)

No. Winthrop Terrace St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Baby girl Grasso (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR) —

(a) Residence. No. 181 Banks St. Winthrop (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution Resp. (Specify whether) years months days. In this community yrs. mos. days.

8 hrs 25 min.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here. ✓

8 AGE Years Months Days | If less than 1 day: 8 Hours 25 Minutes

9 Usual Occupation:

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) (State or country): Winthrop

PARENTS

13 NAME OF FATHER: Armando Grasso

14 BIRTHPLACE OF FATHER (City) (State or country): Boston

15 MAIDEN NAME OF MOTHER: Frances Mangatte

16 BIRTHPLACE OF MOTHER (City) (State or country): Boston

17 Informant: Armando Grasso (Relation, if any: Father)
(Address) 181 Banks St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter F. Baker M.D.
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 8/11/48 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: Aug (Month) 9 (Day) 1948 (Year)

19 I HEREBY CERTIFY That I attended deceased from Aug 9, 1948, to Aug 9, 1948

I last saw her alive on Aug 9, 1948, death is said to have occurred on the date stated above, at 4:20 P.M. m.

Immediate cause of death

Prematurity

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Date of
Of autopsy
What test confirmed diagnosis?

Duration IMPORTANT

IMPORTANT PHYSICIAN Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) G. N. Caplan, M. D.
(Address) 186 Lincoln St. Date 8-11- 1948

21 Holy Cross Cemetery Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Aug 12 1948

22 NAME OF FUNERAL DIRECTOR Thomas J. Lyons
ADDRESS 9 Chelsea St. East Boston

Received and filed AUG 13 1948 19
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No **undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

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RM R-302

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Boston
(City or town making return)

Registered No. 7139

1 PLACE OF DEATH
Suffolk (County)
Boston (City or Town)
No. Magnolia Rest Home St. 46 Magnolia St (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Julia A Mahaney (If U. S. War Veteran, specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 24 Edgehill Road St. Winthrop Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ..... years months 4 days. In this community yrs. mos. 4 days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F
4 COLOR OR RACE: W
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of .....
(Give maiden name of wife in full)
(or) WIFE of Timothy Mahaney
(Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 80 Years 1 Months 23 Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: At Home

10 Industry or Business: .....

11 Social Security No. None

12 BIRTHPLACE (City) (State or country) South Dedham Mass.

PARENTS

13 NAME OF FATHER: Michael Tobin

14 BIRTHPLACE OF FATHER (City) (State or country): Ireland

15 MAIDEN NAME OF MOTHER: Mary Lee.

16 BIRTHPLACE OF MOTHER (City) (State or country): Ireland

17 Informant (Address): Mary Garner (Relation, if any Niece)

A TRUE COPY.
ATTEST: Michael F. Manning
(Registrar of city or town where death occurred)

DATE FILED August 16 19 48

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 10/48
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from August 6, 19 48 to August 10, 19 48
I last saw her alive on August 6, 19 48 death is said to have occurred on the date stated above, at 8:11P m.

Immediate cause of death
Hypostatic pneumonia — Duration 8-6-48 to 8-10-48

Due to .....

Due to .....

Other conditions Cardio vascular dis.
(Include pregnancy within 3 months of death)

Major findings:
Of operations ..... Date of .....
Of autopsy .....
What test confirmed diagnosis? Ces. of breathing

Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) I Gittleman, M. D.
(Address) Boston Mass Date 8-12 19 48

21 PLACE OF BURIAL, CREMATION OR REMOVAL St Mary's Cem-Canton Mass.
(Cemetery) (City or Town)
DATE OF BURIAL August 13/48 19

22 NAME OF FUNERAL DIRECTOR J S Waterman & Sons
ADDRESS Boston Mass.

Received and filed AUG 23 1948 19
(Registrar of City or Town where deceased resided)

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

30m-(b)-6-44-14607

AUG 23 1961

M R-301 A

N. B. NAME (Line 2), WHERE BORN (Line 12), OCCUPATION (Line 9), INDUSTRY (Line 10), PARENTS (Lines 13-16) and MAIDEN NAME OF WIFE (Line 5a) information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-'40-D-729-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 160

PLACE OF DEATH
1 Suffolk (County)
Winthrop (City or Town)
No. Winthrop Com. Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Annie Maria Lapham (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 47 Washington Ave St. Winthrop Mass.
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution Resp. (Specify whether) years months 3 days. In this community 37 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Widow

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of John F. Lapham (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 80 Years 6 Months 24 Days | If less than 1 day Hours Minutes

9 Usual Occupation: None

10 Industry or Business: At Home

11 Social Security No. None

12 BIRTHPLACE (City) New Bedford (State or country) Mass

PARENTS

13 NAME OF FATHER Otis T. Sherman

14 BIRTHPLACE OF FATHER (City) Rochester (State or country) Mass

15 MAIDEN NAME OF MOTHER Maria Ashley

16 BIRTHPLACE OF MOTHER (City) New Bedford (State or country) Mass

17 Informant Otis E. Lapham (Relation, if any Son)
(Address) 47 Washington Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter H. Baker M.D.
(Signature of Agent of Board of Health or other)
Health Officer 8/12/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Aug. 12 1948 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Aug 10, 1930, to August 12, 1948
I last saw her alive on August 12, 1948, death is said to have occurred on the date stated above, at 2:35 p.m.

Immediate cause of death Cerebral Hemorrhage — Duration 7 days
Due to Arteriosclerosis — 5 yrs
Due to Chronic Interstitial Nephritis — 4 yrs
Other conditions Uremia — 1 day
(Include pregnancy within 3 months of death)

IMPORTANT PHYSICIAN: Underline the cause to which death should be charged statistically.

Major findings:
Of operations None Date of
Of autopsy None
What test confirmed diagnosis? Clinical & Autopsy

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Jacob J. Alvarez M.D. M. D.
(Address) 562 Hewlett St. Date 8/12/48 19

21 Place of Burial, Cremation or Removal Dartmouth Cemetery Dartmouth, Mass
DATE OF BURIAL August 15 1948

22 NAME OF FUNERAL DIRECTOR E. T. Wilson 1908
ADDRESS New Bedford Mass

Received and filed AUG 13 1948 19
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, definded as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

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301

from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L., Chap. 48, Sec. 10, requires physicians to insert a recital to that effect.

100m-(1)-1-45-15510

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registrar's No. 161

1 PLACE OF DEATH
Sufolk (County)
Winthrop (City or Town)
No. 117 Highland Ave St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME May Bell Fryer McCarthy
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN—IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 117 Highland Ave St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution years months days. In this community 20 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Dr. Patrick H. McCarthy
(Give maiden name of wife in full)
(Husband's name in full)

6 Age of husband or wife if alive 74 years

7 IF STILLBORN, enter that fact here.

8 AGE 73 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: Housewife

10 Industry or Business: Own Home

11 Social Security No.

12 BIRTHPLACE (City) Lowell
(State or country) Mass

PARENTS

13 NAME OF FATHER John O. Fryer

14 BIRTHPLACE OF FATHER (City)
(State or country) England

15 MAIDEN NAME OF MOTHER Bridget Hogan

16 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland

17 Informant Dr. Patrick H. McCarthy Relation, if any
(Address) 117 Highland Ave

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter G. Baker
(Signature of Agent of Board of Health or other)

W O Aug 15 48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 13 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from January 2, 1948 to August 13, 1948
I last saw her alive on August 13, 1948 death is said to have occurred on the date stated above, at 4.50 P. M.

Immediate cause of death — Duration IMPORTANT
Coronary Thrombosis — 1 hour
Due to Fulminating
Due to Fulminating
Other conditions Cerebral Hemorrhage
(Include pregnancy within 3 months of death) January 2 - 1948

Major findings: None
Of operations
Date of
Of autopsy
What test confirmed diagnosis?

IMPORTANT Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Patrick H. McCarthy M. D.
(Address) 315 Harvard Cambridge Date 8/13 1948

21 Woodlawn Everett
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Aug. 16 1948

22 NAME OF FUNERAL DIRECTOR John F. O'Malley
ADDRESS Winthrop

Received and filed AUG 25 1948
(Registrar)

A TRUE COPY ATTEST:

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

301

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registrar's No. 162

No. 14 Edgehill Road St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Gertrude B. McCarthy (Sheffield)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN—IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 14 Edgehill Road St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution (Before death) (Specify whether) years months days. In this community 50 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Timothy J. McCarthy
(Husband's name in full)

6 Age of husband or wife if alive 75 years

7 IF STILLBORN, enter that fact here.

8 AGE 68 Years Months Days — If less than 1 day Hours Minutes

9 Usual Occupation: Housewife

10 Industry or Business: Own Home

11 Social Security No.

12 BIRTHPLACE (City) East Boston
(State or country) Massachusetts

PARENTS

13 NAME OF FATHER Thomas Sheffield

14 BIRTHPLACE OF FATHER (City) East Boston
(State or country) Massachusetts

15 MAIDEN NAME OF MOTHER Catherine M. Lang

16 BIRTHPLACE OF MOTHER (City) East Boston
(State or country) Massachusetts

17 Informant Timothy J. McCarthy (Relation if any husband)
(Address) 14 Edgehill Road Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter F. Baker
(Signature of Agent of Board of Health or other)

Health Officer 8/17/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 15, 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 7, 1948, to August 15, 1948

I last saw her alive on Aug. 14, 1948 death is said to have occurred on the date stated above, at 9 A.M.

	Duration
Immediate cause of death: Coronary Thrombosis	IMPORTANT 6 weeks.
Due to: Myocarditis	3 yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings: Of operations — Date of
Of autopsy
What test confirmed diagnosis?

IMPORTANT Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Louis F. Salerno, M. D.
(Address) 175 Pleasant St. Date Aug. 16 1948.

21 Winthrop — Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL August 18 1948

22 NAME OF FUNERAL DIRECTOR John F. O'Malley
ADDRESS Winthrop Mass.

Received and filed AUG 25 1948 19
(Registrar)

A TRUE COPY ATTEST:

100m-(1)-1-45-15510

from the laws on back of certificate.
If deceased was a U. S. War Veteran, G. L., Chap. 48, Sec. 10, requires physicians to insert a recital to that effect.

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

R-303-A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 163

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 15 Court Rd. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

HELEN F. SMITH

2 FULL NAME Helen F. Smith
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN—IMPORTANT (Was deceased a U. S. War Veteran, If so specify WAR)

(a) Residence. No. 15 Court Rd. Winthrop St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution ---------- years - months - days. In this community - yrs. 9 mos. - days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of George H. Smith (Husband's name in full)
(Give maiden name of wife in full)

6 Age of husband or wife if alive 42 years

7 IF STILLBORN, enter that fact here.

8 AGE 39 Years 9 Months 29 Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Housework

10 Industry or Business: Own Home

11 Social Security No. None

12 BIRTHPLACE (City) Marysville
(State or country) Ohio

PARENTS

13 NAME OF FATHER Dersea ---------- Stevens

14 BIRTHPLACE OF FATHER (City)
(State or country) Ohio

15 MAIDEN NAME OF MOTHER Mabel - Drake

16 BIRTHPLACE OF MOTHER (City)
(State or country) Ohio

17 Informant Major George H. Smith (Relation, if any Husband)
(Address) 15 Court Road Winthrop, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter H. Baker Jr.
(Signature of Agent of Board of Health or other)
Health Officer 8/16/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August - 15 - 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
Acute Cardiac Failure.
Probable Coronary Sclerosis
Hypertensive Heart Disease

20 Accident, suicide, or homicide (specify)
Date of occurrence 19
Where did Injury occur? (City or town and State)
Did injury occur in or about home, on farm, in industrial place, or in public place? (Specify type of place)
Manner of Injury Found dead in her bed
Nature of Injury
While at work? — Was there an autopsy? no

21 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Wm J. Brickley, M. D.
(Address) Boston Aug 15 - 1948

22 Oak Grove-Dellaware [illegible] Ohio
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL August 19 1948 19

23 NAME OF FUNERAL DIRECTOR J.E. Henderson Company
ADDRESS 517 Broadway Everett, Mass.

Received and filed AUG 25 1948 19
(Registrar)

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect

50m-(f)-6-43-12056

MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—General Laws, Chap. 38, Sec. 7.

. . . The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and *manner* thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause* its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person) .....

.....

.....

.....

.....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—General Laws, Chap. 38, Sec. 14.

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

R-303-A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or Its Agent.

Registered No. 164

1 PLACE OF DEATH
Suffolk (County) Boston 9/10/48
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Willard M Smith
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN—IMPORTANT (Was deceased a U. S. War Veteran, If so specify WAR)

(a) Residence, No. 20 Thurston St. East Boston St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution Hosp years months 9 days. In this community 50 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: Married

5a If married, widowed, or divorced HUSBAND of Justina Jones
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive 82 years

7 IF STILLBORN, enter that fact here.

8 AGE 88 Years 6 Months 17 Days | If less than 1 day Hours Minutes

9 Usual Occupation: At Home

10 Industry or Business: Retired

11 Social Security No. None

12 BIRTHPLACE (City) Ellsworth
(State or country) Maine

PARENTS

13 NAME OF FATHER: Isaac Smith

14 BIRTHPLACE OF FATHER (City) Unable to obtain
(State or country)

15 MAIDEN NAME OF MOTHER: Mary ----------

16 BIRTHPLACE OF MOTHER (City) Unable to obtain
(State or country)

17 Informant Melissa Downing (Daughter)
(Address) 20 Thurston St East Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter F. Bailey
(Signature of Agent of Board of Health or other)
Health Officer 8/23/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Aug — 19 — 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
Arterio Sclerotic Heart Disease
Sen. Arterio Sclerosis
Fracture Rt. Femur.

20 Accident, suicide, or homicide (specify) Accidental
Date of occurrence Aug-11- 19 48
Where did Injury occur? Boston Mass
(City or town and State)
Did Injury occur in or about home, on farm, in industrial place, or in public place?
(Specify type of place)
Manner of Injury Fell accidentally in his back yard on Aug-11-1948
Nature of Injury
While at work? ? Was there an autopsy? No

21 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Wm J. Brickley, M. D.
(Address) Boston Aug 20- 1948

22 Woodlawn Everett
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Aug 23 1948

23 NAME OF FUNERAL DIRECTOR Howard S Reynolds
ADDRESS Medford Mass

Received and filed AUG 25 1948 19
(Registrar)

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect

50m-(f)-6-43-12056

Should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—General Laws, Chap. 38, Sec. 7.

. . . The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and *manner* thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause* its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person) .....

.....

.....

.....

.....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—General Laws, Chap. 38, Sec. 14.

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

RM R-305

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Boston
(City or town making return)

Registered No. 73065

1 PLACE OF DEATH
Suffolk (County)
Boston (City or Town)
No. Boston City Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Sidney Low Evans
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR) no

(a) Residence. No. 57 Lincoln St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution ..... years months days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M
4 COLOR OR RACE: W
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of Marian L Freese
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive 53 years

7 IF STILLBORN, enter that fact here.

8 AGE 56 Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Salesman Wholesale

10 Industry or Business: Lindenmeyr & Son

11 Social Security No. 025-09-1916

12 BIRTHPLACE (City) (State or country) Chelsea, Mass.

PARENTS

13 NAME OF FATHER: Robert E Evans

14 BIRTHPLACE OF FATHER (City) (State or country) Bellows Falls, Vermont

15 MAIDEN NAME OF MOTHER: Grace Land

16 BIRTHPLACE OF MOTHER (City) (State or country) Rockport, Mass.

17 Informant Marian L Evans (Relative wife)
(Address)

A TRUE COPY
ATTEST: [signature]
(Registrar of City or Town where death occurred)
DATE FILED Aug. 24 1948

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Aug. 20, 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
Cerebral Hemorrhage
Hypertension Collapsed at work
Admitted in Coma - died in hours

20 Accident, suicide, or homicide (specify)
Date of occurrence 19
Where did injury occur? ..... (City or town and State)
Did injury occur in or about the home, on farm, in industrial place, or in public place? ..... (Specify type of place)
Manner of injury
Nature of injury
While at work? ..... Was there an autopsy? no

21 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Timothy Leary, M. D.
(Address) Date 8/20 1948

22 Winthrop Cem. Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Aug. 23 1948

23 NAME OF FUNERAL DIRECTOR M C Carroll
ADDRESS 22 Oak St., Hyde Park, Mass.

Received and filed SEP 7 1948 19
(Registrar of City or Town where deceased resided)

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-(d)-6-43-12056

M R-302

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m-(b)-6-44-14607

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Arlington (City or town making return)

Registered No. 295166

1 PLACE OF DEATH: Middlesex (County); Arlington (City or Town); No. 12 Florence Avenue St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Grace W. Gove (Low) (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 200 Bartlett Road St. Winthrop, Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution Nursing Home 4 yrs. (Before death) (Specify whether) years months days. In this community — yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Robert J. Gove (Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 87 Years 0 Months 9 Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Housewife

10 Industry or Business: Own home

11 Social Security No. None

12 BIRTHPLACE (City) Essex (State or country) Mass.

PARENTS

13 NAME OF FATHER: Albert F. Low

14 BIRTHPLACE OF FATHER (City) Essex (State or country) Mass.

15 MAIDEN NAME OF MOTHER: Abbie Henderson

16 BIRTHPLACE OF MOTHER (City) Ipswich (State or country) Mass.

17 Informant Everett K. Low Relation, if any (Nephew)
(Address) 234 Court Rd., Winthrop, Mass

A TRUE COPY.
ATTEST: Earl A. Ryder
(Registrar of city or town where death occurred)

DATE FILED August 30 19 48

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August (Month) 20 (Day), 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Feb 7, 1944 to Aug 20, 1948
I last saw her alive on Aug 19, 1948 death is said to have occurred on the date stated above, at 3:55P m.

	Duration
Immediate cause of death: Broncho Pneumonia	4 days
Due to: Chronic Myocarditis	4 yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings: Of operations ..... Date of ..... Of autopsy ..... What test confirmed diagnosis?

Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Louis F. Salerno, M. D.
(Address) 175 Pleasant St., Winthrop Date 8-21-19 48

21 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn-Everett (Cemetery) (City or Town)
DATE OF BURIAL August 23 19 48

22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop, Mass.

Received and filed SEP 9 1948 19
(Registrar of City or Town where deceased resided)

2-301 A

extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 45, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-45-15510

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 167

1 PLACE OF DEATH: (County) Suffolk; (City or Town) Winthrop; No. 15 Faxon St. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME James F. Stack
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) World war 1 & 2

(a) Residence. No. 15 Faxon St St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ..... years months days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Margaret F. Kolischeau
(Give maiden name of wife in full)
(or) WIFE of .....
(Husband's name in full)

6 Age of husband or wife if alive 60 years

7 IF STILLBORN, enter that fact here.

8 AGE 62 Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: [redacted] Janitor

10 Industry or Business: Winthrop Village of Office

11 Social Security No. .....

12 BIRTHPLACE (City) Boston
(State or country)

PARENTS

13 NAME OF FATHER James F. Stack

14 BIRTHPLACE OF FATHER (City) England
(State or country)

15 MAIDEN NAME OF MOTHER Ellen McCarthy

16 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

17 Informant Margaret Stack Relation, if any wife
(Address) 15 Faxon St.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter G. Baker
(Signature of Agent of Board of Health or other)

Health Officer 8/24/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 22, 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Aug. 16, 1948, to Aug 22, 1948, I last saw h. alive on Aug 22, 1948, death is said to have occurred on the date stated above, at 2:40 p. m.

Immediate cause of death: Acute Coronary Occlusion — Duration

Due to: Hypertensive Heart D. over years and Arteriosclerosis. — IMPORTANT

Due to: .....

Other conditions: Neoplastic Chronic — Yrs.
(Include pregnancy within 3 months of death) — IMPORTANT

Major findings: Of operations —
Date of —
Of autopsy none
What test confirmed diagnosis? Clinical

Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) J. G. Hawthorne M. D.
(Address) 57 Saratoga St. Date 8/24 1948

21 Holy Cross Malden
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Aug 25 1948

22 NAME OF FUNERAL DIRECTOR Finley Bros.
ADDRESS 311 Winthrop St Winthrop

Received and filed AUG 25 1948 19....
(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

R-301 A

See instructions and extracts from the laws on back of certificate. If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a racital to that effect. Exact statement of OCCUPATION is very important.

100m-9-44-14955

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 168

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town) No. 31 Girdlestone Rd. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Joseph R. Lavoie
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 31 Girdlestone Rd. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) years months days. In this community 50 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: Married

5a If married, widowed or divorced HUSBAND of Alicia C. Storin (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 58 years

7 IF STILLBORN, enter that fact here.

8 AGE 56 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: Maintenance

10 Industry or Business: New Eng. Telephone Co

11 Social Security No. 011--05--0901

12 BIRTHPLACE (City) Boston (State or Country) Mass

PARENTS

13 NAME OF FATHER Joseph Lavoie

14 BIRTHPLACE OF FATHER (City) (State or Country) Canada

15 MAIDEN NAME OF MOTHER Mary ~~Lavoie~~ O.K.

16 BIRTHPLACE OF MOTHER (City) (State or Country) New York

17 Informant Alicia Lavoie (Wife) (Relation, if any)
(Address) 31 Girdlestone Rd

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter F. Baker
(Signature of Agent of Board of Health or other)

Health Officer 8/26/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 23, 1948 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Aug 10, 1948, to Aug. 23, 1948

I last saw him alive on Aug. 23, 1948, death is said to have occurred on the date stated above, at 5:50 P. m.

Immediate cause of death: Acute Pulmonary Edema — Duration: 1 day

Due to Coronary Thrombosis — 3 days

Due to Arteri-sclerosis — 1 yr.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Date of

Of autopsy

What test confirmed diagnosis?

IMPORTANT Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) George H. Schwartz, M. D.
(Address) 19 Winnetta St Date 8/25 1948

21 Place of Burial, Cremation or Removal Winthrop (City or Town) Winthrop
DATE OF BURIAL Aug. 27, 1948

22 NAME OF FUNERAL DIRECTOR John F. O'Malley
ADDRESS Winthrop

Received and Filed AUG 30 1948

(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

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information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-'40-D-729-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 169

PLACE OF DEATH

1 Suffolk (County) Revere 8/10/48

Winthrop (City or Town)

No. Sir Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Harkins (Baby girl Boy) (If U. S. War Veteran, specify WAR)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 54 Beachland Ave. St. Revere
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution Hosp. (Specify whether) years months 1 days. In this community yrs. mos. days.

per hosp.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male, Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here. Stillborn

8 AGE — Years — Months 1 Days | If less than 1 day Hours Minutes

9 Usual Occupation: —

10 Industry or Business: —

11 Social Security No.

12 BIRTHPLACE (City) Winthrop (State or country)

PARENTS

13 NAME OF FATHER Edward Harkins

14 BIRTHPLACE OF FATHER (City) Boston (State or country) Mass.

15 MAIDEN NAME OF MOTHER Catherine Connerton (Crowley)

16 BIRTHPLACE OF MOTHER (City) (State or country) Scotland

17 Informant Hospital records (Address) Relation, if any ( )

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter F. Baker
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 8/25/48 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Aug. 24 1948 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Aug. 23, 1948, to Aug. 24, 1948

I last saw h. alive on Aug. 23, 1948, death is said to have occurred on the date stated above, at 5:00 A. m.

Immediate cause of death

Duration IMPORTANT

Too early Prematurity at birth.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

IMPORTANT PHYSICIAN Underline the cause to which death should be charged statistically.

Major findings:
Of operations Date of
Of autopsy
What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Louis Siegel M. D.
(Address) 73 Shirley Ave Revere Date 8/24 1948

21 Place of Burial, Cremation or Removal. Holy Cross (City or Town) Malden
DATE OF BURIAL Aug. 25 1948

22 NAME OF FUNERAL DIRECTOR Edward Young
ADDRESS Revere Mass.

Received and filed AUG 25 1948 19 (Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, definded as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No **undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

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DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-7-46-19068

Suffolk
~~Winthrop~~ (County)

Boston 9/10/48

1 PLACE OF DEATH
Winthrop
(City or Town)

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 170

2 FULL NAME Mildred Florence Bjartmarz
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN-IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) NO.

(a) Residence. No. 234 Beacon St, Boston, Mass. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) 30 days. (Specify whether) years months 18 days. In this community 1 yrs. mos. 24 days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female
4 COLOR OR RACE: white
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: married

5a If married, widowed or divorced HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Astmann Bjartmarz
(Husband's name in full)

6 Age of husband or wife if alive 52 years

7 IF STILLBORN, enter that fact here.

8 AGE 26 Years 7 Months 0 Days | If less than 1 day Hours Minutes

9 Usual Occupation: housewife

10 Industry or Business: own home

11 Social Security No. 030-14-4368

12 BIRTHPLACE (City) (State or Country) Everett Mass.

PARENTS

13 NAME OF FATHER Thomas Hanrahan

14 BIRTHPLACE OF FATHER (City) (State or Country) Ireland

15 MAIDEN NAME OF MOTHER Elizabeth Holmes

16 BIRTHPLACE OF MOTHER (City) (State or Country) Ireland

17 Informant Astmann Bjartmarz (Relation, if any) husband
(Address) 234 Beacon St, Boston, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter F. Baker M.D.
(Signature of Agent of Board of Health or other)

Health Officer 8/27/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August (Month) 25 (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from April 5, 1948, to August 25, 1948

I last saw her alive on August 24, 1948, death is said to have occurred on the date stated above, at 3:00 A. m.

Immediate cause of death Pulmonary Metastases Adenocarcinoma Grade II Rectum — Duration IMPORTANT 1 1/2 yrs

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations — Date of

Of autopsy

What test confirmed diagnosis?

IMPORTANT Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Dorothy Cheney Appleton, M. D.
(Address) 197 Woodside Ave. Winthrop, Mass. Date Aug. 25 1948

21 Place of burial, cremation or removal Winthrop Cemetery Winthrop
DATE OF BURIAL August 28, 1948 19

22 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop St. Winthrop

Received and Filed AUG 30 1948 19
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

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DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-10-47-22153

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 171

1 PLACE OF DEATH: (County) Suffolk; (City or Town) Winthrop

No. 266 Main St. Winthrop St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Maria Carmela Scopa
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN-IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 266 Main St. Winthrop St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ..... years ..... months ..... days. (Before death) (Specify whether) In this community yrs. 2 mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: Widowed

5a If married, widowed or divorced
HUSBAND of .....
(Give maiden name of wife in full)
(or) WIFE of Paul Scopa
(Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 70 Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: House Wife

10 Industry or Business: .....

11 Social Security No. .....

12 BIRTHPLACE (City) Italy
(State or Country)

PARENTS

13 NAME OF FATHER: Antonio DiPaolo

14 BIRTHPLACE OF FATHER (City) Italy
(State or Country)

15 MAIDEN NAME OF MOTHER: Maria Loungo

16 BIRTHPLACE OF MOTHER (City) Italy
(State or Country)

17 Informant James Scopa (Relation, if any) Son
(Address) 266 Main St. Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter F. Bakely M.D.
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 8-25-48 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH 8 (Month) 25 (Day) 48 (Year)

19 I HEREBY CERTIFY, That I attended deceased from 1/4/34, 19..., to 8/24/48, 19..., I last saw her alive on 8/24/48, 19..., Death is said to have occurred on the date stated above, at 4:45 A.m.

Immediate cause of death: Cancer of Lung + mediastinum — Duration IMPORTANT: 3 mos

Due to: mediastinum — 3 mos

Due to: .....

Other conditions (Include pregnancy within 3 months of death): .....

Major findings: Of operations ..... Date of .....

Of autopsy .....

What test confirmed diagnosis? .....

IMPORTANT Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) Carl Jones M.D.
(Address) 116 Loudon St. Date 8/24 1948

21 Holy Cross Place of Burial, Cremation or Removal. Malden (City or Town)
DATE OF BURIAL Aug. 28 48

22 NAME OF FUNERAL DIRECTOR Vincent Sirio
ADDRESS 9 Chelsea St. East Boston

Received and Filed AUG 30 1948 19...
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 172

PLACE OF DEATH

1 Suffolk (County)

Winthrop (City or Town)

No. 15 Seymour St. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ella Moulton Witham
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 15 Seymour St. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution — years months days. In this community 31 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: single

5a If married, widowed or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 73 Years 1 Months 16 Days If less than 1 day Hours Minutes

9 Usual Occupation: private secretary

10 Industry or Business: F.S.Webster Co, Cambridge, Mass.

11 Social Security No. 011-03-5129

12 BIRTHPLACE (City) (State or Country) Chelsea Mass.

PARENTS

13 NAME OF FATHER John Witham

14 BIRTHPLACE OF FATHER (City) (State or Country) York Maine

15 MAIDEN NAME OF MOTHER Olive Cushing

16 BIRTHPLACE OF MOTHER (City) (State or Country) unable to ascertain

17 Informant (Address) Mrs. John R. Countaway, Friend (Relation, if any)
15 Seymour St, Winthrop, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter G. Baker
(Signature of Agent of Board of Health or other)

H.O.
(Official Designation)

Aug 30/1948.
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August (Month) 27 (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from March 31, 1947, to August 27, 1948

I last saw her alive on August 27 1948, death is said to have occurred on the date stated above, at 5 p. m.

Immediate cause of death — Duration
Carcinoma of right breast 1 year

Due to Several Carcinomatous 4 mos

Due to

Other conditions Cerebral Hemorrhage 12 hrs.
(Include pregnancy within 3 months of death)

IMPORTANT

Major findings Of operations None Date of

Of autopsy None

What test confirmed diagnosis Clinical & laboratory

Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Jacob J. Abrams M. D. M. D.

(Address) 562 Shirley St Date 8/30/1948

21 York Cemetery, York, Maine
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL August 31, 1948 19

22 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St, Winthrop

Received and Filed SEP 2 1948 19

(Registrar)

DEATH: Important that it may be properly classified. Exact statement is COMPULSORY. It is very important.
See instructions and extracts from the laws on back of certificate.
If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-7-46-19068

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc.. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 173

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 30 Sargent Street St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Zoa Extina (Carter) Carlton
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 30 Sargent Street St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ..... years months days. In this community 30 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Married

5e If married, widowed, or divorced
HUSBAND of ..... (Give maiden name of wife in full)
(or) WIFE of Alfred Carlton (Husband's name in full)

6 Age of husband or wife if alive 80 years

7 IF STILLBORN, enter that fact here.

8 AGE 80 Years 8 Months 7 Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Housewife

10 Industry or Business: Own Home

11 Social Security No. None

12 BIRTHPLACE (City) Port Mulgrave
(State or country) Novia Scotia

PARENTS

13 NAME OF FATHER James E Carter

14 BIRTHPLACE OF FATHER (City) Port Mulgrave
(State or country) Novia Scotia

15 MAIDEN NAME OF MOTHER Rebecca M Hunson

16 BIRTHPLACE OF MOTHER (City) Port Mulgrave
(State or country) Novia Scotia

17 Informant Lucy B Carlton Daughter (Relation, if any)
(Address) 30 Sargent St Winthrop, Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter G Baker
(Signature of Agent of Board of Health or other)
H.O. Aug 31/48.
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Aug (Month) 28 (Day) 48 (Year)

19 I HEREBY CERTIFY, That I attended deceased from July 2, 1948, to Aug 28 1948
I last saw h. alive on Aug 28, 1948, death is said to have occurred on the date stated above, at 11.15 P.M.

	Duration
Immediate cause of death: Edema of Lungs	IMPORTANT 2 days
Due to	
Due to	
Other conditions (include pregnancy within 3 months of death): Chronic Hypertension	30 days

Major findings: —
Of operations —
Date of
Of autopsy
What test confirmed diagnosis? —

IMPORTANT Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....
(Signed) Harry A Kelly M. D.
(Address) 200 P. Pleasant Date 8/30 1948

21 Winthrop Place of Burial, Cremation or Removal. Winthrop (City or Town)
DATE OF BURIAL Aug 31 1948

22 NAME OF FUNERAL DIRECTOR Howard S Reynolds
ADDRESS Winthrop Mass

Received and filed SEP 2 1948 19
(Registrar)

100m-(g)-1-45-15510

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

Author, by law, it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

R-303-A

so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect

50m-(f)-6-43-12056

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 174

1 PLACE OF DEATH: (County) Suffolk; (City or Town) Winthrop; No. 29 Taft's Ave Garage St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Walter S. Dacey
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN—IMPORTANT (Was deceased a U. S. War Veteran, If so specify WAR)

(a) Residence. No. 29 Taft's Ave Winthrop St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution ..... years months days. In this community 13 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: Widowed

5a If married, widowed, or divorced HUSBAND of Mary T. Doherty
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 72 Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Retired Prison officer

10 Industry or Business: State Prison

11 Social Security No.

12 BIRTHPLACE (City) (State or country): Fitchburg Mass

PARENTS

13 NAME OF FATHER: Henry Dacey

14 BIRTHPLACE OF FATHER (City) (State or country): Greenfield Mass

15 MAIDEN NAME OF MOTHER: Unknown

16 BIRTHPLACE OF MOTHER (City) (State or country): Unknown

17 Informant: Walter Dacey (Relation, if any: Son)
(Address) Buckman Hospital

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter G. Baker
(Signature of Agent of Board of Health or other)

H.O. Aug. 31/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Aug - 28 - 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named, and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully)
Asphyxiation due to Rope around neck

20 Accident, suicide, or homicide (specify) Suicide
Date of occurrence Aug - 28 - 1948
Where did Injury occur? Winthrop, Mass
(City or town and State)
Did Injury occur in or about home, on farm, in industrial place, or in public place?
(Specify type of place)
Manner of Injury Found dead & hanging in
Nature of Injury his garage
While at work? ..... Was there an autopsy? No

21 Was disease or Injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Jno J. Buckley M.D., M. D.
(Address) Boston Date 8-28-1948

22 Mountain View Place of Burial, Cremation or Removal. Melrose (City or Town)
DATE OF BURIAL Aug 31 1948

23 NAME OF FUNERAL DIRECTOR Liberty Hearse
ADDRESS 7 Winthrop St Winthrop

Received and filed SEP 2 1948 19
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until be has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—General Laws, Chap. 38, Sec. 7.

. . . The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and *manner* thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause* its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person) .....

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NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—General Laws, Chap. 38, Sec. 14.

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 175

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town)
No. Winthrop Comm. Hosp. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Celia Haberman (If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR) No.

(a) Residence. No. ~~HABERMAN~~, 9 Coral Cove. Winthrop (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution hosp. (Specify whether) years months 4 days. In this community 18 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widow

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Louis Haberman (Husband's name in full)

6 Age of husband or wife if alive ... years

7 IF STILLBORN, enter that fact here.

8 AGE 64 Years ... Months ... Days | If less than 1 day Hours ... Minutes

9 Usual Occupation: Housework
10 Industry or Business: at home

11 Social Security No. none

12 BIRTHPLACE (City) (State or country) Russia

PARENTS

13 NAME OF FATHER Morris Bronsalb
14 BIRTHPLACE OF FATHER (City) (State or country) Russia
15 MAIDEN NAME OF MOTHER Freda Leventhal
16 BIRTHPLACE OF MOTHER (City) (State or country) Russia

17 Informant Louis Barnett Relation, if any Son-in-Law
(Address) 9 Coral Cove. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter L Baker (Signature of Agent of Board of Health or other)
H.O. (Official Designation) Aug. 28/48 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August (Month) 28 (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from August 16, 1948, to August 28, 1948
I last saw h— alive on August 28, 1948, death is said to have occurred on the date stated above, at 3 20 p. m.

Immediate cause of death: Cerebral Hemorrhage — Duration IMPORTANT: 6 hours
Due to: Arteriosclerotic and hypertensive heart disease — 1 year
Due to: Generalized arteriosclerosis — 2 years
Other conditions: None
(Include pregnancy within 3 months of death)

Major findings:
Of operations: None Date of
Of autopsy: None
What test confirmed diagnosis? Clinical + Laboratory

IMPORTANT PHYSICIAN: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Maurice Traurstein M. D.
(Address) 162 Shirley St. Winthrop Date Aug 28 1948

21 Place of Burial, Cremation or Removal: Winthrop Cem. Everett (City or Town)
DATE OF BURIAL Aug. 29, 1948

22 NAME OF FUNERAL DIRECTOR Benjamin Birnbach
ADDRESS 10 Washington St. Dor.

Received and filed SEP 2 1948 19
(Registrar)

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-'40-D-729-a

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No **undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

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M R-301 A

Revere 9/10/48

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registrard No. 176

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Frank C. Bartlett
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. No. 167 Crescent Ave. St. ~~Beachmont~~ Revere, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution Hosp. years months 10 days. In this community 51 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of Abbie K. Craig
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 87 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: Retired organ maker

10 Industry or Business: self

11 Social Security No. none

12 BIRTHPLACE (City) Boston
(State or country) Mass

PARENTS

13 NAME OF FATHER George W. Bartlett

14 BIRTHPLACE OF FATHER (City) Newburyport
(State or country) Mass.

15 MAIDEN NAME OF MOTHER Isabella Wilkins

16 BIRTHPLACE OF MOTHER (City)
(State or country) Canada

17 Informant Miss Elizabeth Bartlett (Relation, if any) daughter
(Address) 167 Crescent Ave, Revere

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter G. Baker
(Signature of Agent of Board of Health or other)
Hs Agt Sept 1/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 30 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Aug 20, 1948 to Aug 30, 1948
I last saw him alive on Aug 30, 1948, death is said to have occurred on the date stated above, at 2 P. m.

Immediate cause of death Chronic Myocarditis — Duration 5 years

Due to —

Due to —

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None
Of operations —
Date of —
Of autopsy —
What test confirmed diagnosis? Clinical Signs

IMPORTANT
Physician Underline the cause to which death should be charged statistically

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) D. J. O'Brien, M. D.
(Address) Winthrop Date Aug 31 1948

21 Glenwood Cemetery, Everett, Mass
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL September 1, 1948 19

22 NAME OF FUNERAL DIRECTOR Edith M. Merwin
ADDRESS 305 Beach St., Revere, Mass

Received and filed SEP 2 1948 19
(Registrar)

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-45-15510

Should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

1-301

that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L., Chap. 46, Sec. 10, requires physicians to insert a recital to that effect.

100m-(1)-1-45-15510

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

WINTHROP
(City or town making return)

Registrar's No. 177

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 80 Buchanan St St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Esther A. Minton
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN—IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 80 Buchanan St St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution (Before death) (Specify whether) years months days. In this community 35 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: Single

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 52 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: Operator

10 Industry or Business: New Eng. Telephone Co

11 Social Security No. 011-05-0504

12 BIRTHPLACE (City) East Boston
(State or country) Mass

PARENTS

13 NAME OF FATHER: Richard T. Minton

14 BIRTHPLACE OF FATHER (City) East Boston
(State or country) Mass

15 MAIDEN NAME OF MOTHER: Sarah A. McDonald

16 BIRTHPLACE OF MOTHER (City) East Boston
(State or country) Mass

17 Informant Ruth Minton (Relation, if any) Sister
(Address) 80 Bucanan St

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter R Baker
(Signature of Agent of Board of Health or other)

H.O. at Sept 1/48.
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Aug 30, 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1948, to Aug. 30, 1948
I last saw her alive on Aug. 30, 1948 death is said to have occurred on the date stated above, at 9:20 P.M.

Immediate cause of death — Duration — IMPORTANT
Chronic Myocarditis — 8 yrs.
Due to
Cirrhosis of liver — 2 yrs.
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Date of
Of autopsy
What test confirmed diagnosis?

IMPORTANT
Physician
Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) John O'Donne M. D.
(Address) 482 Main St Malden Date 8/31/1948

21 Winthrop Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Sept 2, 1948 19

22 NAME OF FUNERAL DIRECTOR John H. O'Malley
ADDRESS Winthrop

Received and filed [redacted] 2 1948 19
(Registrar)

A TRUE COPY ATTEST:

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

M R-301 A

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-7-46-19068

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 178

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town)
No. 20 Elmwood Avenue St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Edith Evelyn Crane
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) NO

(a) Residence. No. 20 Elmwood Avenue St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) years months days. In this community 17 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female
4 COLOR OR RACE: white
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: widowed

5a If married, widowed or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Henry Edward Crane (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 73 Years 1 Months 6 Days If less than 1 day Hours Minutes

9 Usual Occupation: At Home

10 Industry or Business: none

11 Social Security No. none

12 BIRTHPLACE (City) (State or Country) Carroll Maine

PARENTS

13 NAME OF FATHER Leander B. Brown

14 BIRTHPLACE OF FATHER (City) (State or Country) Lee Maine

15 MAIDEN NAME OF MOTHER Emily Maria Lyon

16 BIRTHPLACE OF MOTHER (City) (State or Country) Calais Maine

17 Informant (Address) Mrs. Henry Knopp (Relation, if any) daughter
20 Elmwood Avenue

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter G Baker
(Signature of Agent, Board of Health or other)

H.O. (Official Designation) Sept. 3/48 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 31, 1948 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19
I last saw h alive on , 19 , death is said to have occurred on the date stated above, at 3 P m.

Immediate cause of death Coronary Embolism

Due to (M.E. waived jurisdiction)

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Date of

Of autopsy

What test confirmed diagnosis?

Duration IMPORTANT

IMPORTANT Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Charles J Mahoney, M. D.
(Address) Bd of Health Date 9-2- 1948

21 Cedar Grove Dorchester
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Sept. 3, 1948 19

22 NAME OF FUNERAL DIRECTOR Alfred B Marsh
ADDRESS 174c Winthrop St, Winthrop

Received and Filed SEP 7 1948 19
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

FORM R-302

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m-(b)-6-44-14607

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Reading (City or town making return)

Registered No. Rec 11 179

1 PLACE OF DEATH: Middlesex (County); Reading (City or Town); No. Cotton Nursing Home 139 Summer Ave. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Lee Davis (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 246 Winthrop Shore Drive St. Winthrop, Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ..... years months days. (Before death) (Specify whether) In this community yrs. 4 mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of ..... (Give maiden name of wife in full) (or) WIFE of Harry W. Davis (Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 72 Years — Months — Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Ho usewife

10 Industry or Business: Own Home

11 Social Security No.

12 BIRTHPLACE (City) Portland (State or country) Me.

PARENTS

13 NAME OF FATHER Lee

14 BIRTHPLACE OF FATHER (City) ..... (State or country) Maine

15 MAIDEN NAME OF MOTHER Cannot be learned

16 BIRTHPLACE OF MOTHER (City) Cannot be learned (State or country)

17 Informant Warren Davis (Relation, if any Son)
(Address) 246 Shore Drive Winthrop

A TRUE COPY. Guy W. Ellison
ATTEST: Guy W. Ellison
(Registrar of city or town where death occurred)

DATE FILED August 30, 1948 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August (Month) 27 (Day), 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from August 2, 1948, to August 27, 1948
I last saw her alive on August 27, 1948 death is said to have occurred on the date stated above, at 8:00 P.M.

Immediate cause of death: Arteriorsclerotic Heart Disease — Duration: years

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none Date of

Of autopsy none

What test confirmed diagnosis? clinical

Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Justin L. Anderson, M. D.
(Address) Reading Mass. Date 8/27 19 48

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) Winthrop (City or Town)
DATE OF BURIAL Aug. 30 19 48

22 NAME OF FUNERAL DIRECTOR John F. O'Maley
ADDRESS Winthrop

Received and filed SEP 22 1948 19
(Registrar of City or Town where deceased resided)

M R-301 A

Should be typed. All should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-45-15510

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 180

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 97 Grover Ave St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Hugh J. Mooney
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 97 Grover Ave St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ..... years ..... months ..... days. In this community ..... yrs. ..... mos. ..... days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced
HUSBAND of ..... (Give maiden name of wife in full)
(or) WIFE of ..... (Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here. ——

8 AGE 81 Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Retired

10 Industry or Business: Plasterer

11 Social Security No. .....

12 BIRTHPLACE (City) Glasglow (State or country) Scotland

PARENTS
13 NAME OF FATHER Charles P. Mooney
14 BIRTHPLACE OF FATHER (City) Belfast (State or country) Ireland
15 MAIDEN NAME OF MOTHER Agnes Lorimer
16 BIRTHPLACE OF MOTHER (City) ..... (State or country) Ireland

17 Informant Mrs. Agnes G. Flynn Relation, if any
(Address) 97 Grover Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter G. Baker
(Signature of Agent of Board of Health or other)
H.O. Sept 7 1948
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH September 1 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Aug. 31, 1948, to Sept 1, 1948.
I last saw him alive on Sept 1, 1948, death is said to have occurred on the date stated above, at 2:15 P.M.

Immediate cause of death: Cerebral Hemorrhage
Due to ——
Due to ——
Other conditions (Include pregnancy within 3 months of death) ——

Duration: IMPORTANT 59 years

Major findings: Of operations none
Date of ——
Of autopsy none
What test confirmed diagnosis? Clinical Signs

IMPORTANT Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) D. J. O'Brien M. D.
(Address) Winthrop Date Sept 1 1948

21 Holy Cross Malden
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL Sept 4 1948

22 NAME OF FUNERAL DIRECTOR William H. McGlynn
ADDRESS 399 Medford St Somerville

Received and filed SEP 7 1948 19.....
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

M R-301 A

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-10-47-22153

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

Boston 10/8/48

To be filed for burial permit with Board of Health or its Agent.

Registered No. 181

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town)
No. Winthrop Community Hosp. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Baby Girl Gasparini
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN-IMPORTANT (Was deceased a U. S. War Veteran, If so specify WAR): No

(a) Residence. No. 76 Frankfort St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) years months days. In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: Single

5a If married, widowed or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive: Stillborn years

7 IF STILLBORN, enter that fact here.

8 AGE Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation:

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) (State or Country): Winthrop Mass

PARENTS

13 NAME OF FATHER: Victor Gasparini

14 BIRTHPLACE OF FATHER (City) (State or Country): Fitchburg Mass

15 MAIDEN NAME OF MOTHER: Clara Grefone

16 BIRTHPLACE OF MOTHER (City) (State or Country): Boston Mass

17 Informant: Victor Gasparini (Relation, if any)
(Address) 76 Frankfort St. E. B.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter R. Baker
(Signature of Agent of Board of Health or other)
HO
(Official Designation) Sept 3/48 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: Sept (Month) 3 (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept 3, 1948, to Sept 3, 1948
I last saw h. alive on , 19, death is said to have occurred on the date stated above, at m.

Immediate cause of death — Duration

Due to: Stillborn

Due to: cord around neck.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Date of

Of autopsy

What test confirmed diagnosis?

IMPORTANT — Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) A. M. Caplan M.D.
(Address) 156 Lincoln St. B. Date 9-3 1948

21 Place of Burial, Cremation or Removal: St. Michael's (City or Town) Boston
DATE OF BURIAL Sept 4 1948

22 NAME OF FUNERAL DIRECTOR: Clancy Di Pietro
ADDRESS 214 Maverick St. E. B.

Received and Filed SEP 7 1948 (Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

2M R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

TO BE FILED FOR BURIAL PERMIT WITH BOARD OF HEALTH OR ITS AGENT
Registered No. 182

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 70 Waldemar Ave St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary E. Fulham Flynn
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(Was deceased U. S. War Veteran, if so specify WAR) PHYSICIAN - IMPORTANT

(a) Residence. No. 70 Waldemar Ave St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ..... years months days. In this community 21 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: Widowed

5a If married, widowed or divorced
HUSBAND of .....
(Give maiden name of wife in full)
(or) WIFE of William J. Flynn
(Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 82 Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Housewife

10 Industry or Business: Own Home

11 Social Security No. .....

12 BIRTHPLACE (City) Boston
(State or Country) Mass

PARENTS

13 NAME OF FATHER John N. Fulham

14 BIRTHPLACE OF FATHER (City) .....
(State or Country) Ireland

15 MAIDEN NAME OF MOTHER Ellen Leonard

16 BIRTHPLACE OF MOTHER (City) .....
(State or Country) Ireland

17 Informant John Flynn (Relation, if any) Son
(Address) 70 Waldemar Ave

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter G Baker
(Signature of Agent of Board of Health or other)
HO
(Official Designation) (Date of Issue of Permit) Sept 7/48

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH September 4, 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from September, 1947, to September, 1948
I last saw her alive on August 28, 1948, death is said to have occurred on the date stated above, at 5:30 A m.

Immediate cause of death ..... Duration
Probable coronary occlusion minutes
Due to .....
Arterio-sclerotic heart disease years
Due to .....
Generalized arterio-sclerosis years
Other conditions — (Include pregnancy within 3 months of death)

Major findings: — Of operations .....
Date of —
Of autopsy —
What test confirmed diagnosis? clinical

IMPORTANT — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) Arthur C. Murray M. D.
(Address) Winthrop Mass Date 4 Sept 1948

21 Place of Burial, Cremation or Removal: Holy Cross Malden (City or Town)
DATE OF BURIAL Sept 7 1948 19

22 NAME OF FUNERAL DIRECTOR John H. Maley
ADDRESS Winthrop

Received and Filed SEP 7 1948 19
(Registrar)

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-10-47-22153

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

FORM R-302

WHITE PAPER, WITH CARBON BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-303 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

30m-(b)-6-44-14607

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Boston
(City or town making return)

Registered No. 7894 1843

1 PLACE OF DEATH
Suffolk (County)
Boston (City or Town)
No. Mass. Memorial Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John W Cartwright
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 71 Waldemar Ave. St. Winthrop Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution (Before death) (Specify whether) years 2 months 7 days. In this community yrs. 2 mos. 7 days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M
4 COLOR OR RACE: W
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Louisa Fallen (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 72 years

7 IF STILLBORN, enter that fact here.

8 AGE 76 Years 6 Months 1 Days | If less than 1 day Hours Minutes

9 Usual Occupation: Retired

10 Industry or Business: Steel Worker

11 Social Security No. None

12 BIRTHPLACE (City) (State or country) England

PARENTS

13 NAME OF FATHER: George Cartwright

14 BIRTHPLACE OF FATHER (City) (State or country): England

15 MAIDEN NAME OF MOTHER: Annie Skidmore

16 BIRTHPLACE OF MOTHER (City) (State or country): England

17 Informant (Address): Wife (Relation, if any)

A TRUE COPY.
ATTEST:
(Registrar of city or town where death occurred)
DATE FILED Sept. 9 19 48

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept. 5/48 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 29, 1948, to Sept. 5, 1948
I last saw him alive on Sept. 5, 1948 death is said to have occurred on the date stated above, at 8 AM m.

Immediate cause of death — Duration
Undetermined — Mins.
Heart Failure
Due to Hypertensive Arterio Sclerotic
Heart Disease
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Benign prostatic hypertrophy Date of 8-19-48
Of autopsy Myocardial fibrosis
What test confirmed diagnosis? biopsy

Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) D B Stearns, M. D.
(Address) Boston Mass Date 9-5 1948

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Cem-Winthrop Mass.
(Cemetery) (City or Town)
DATE OF BURIAL Sept. 8/48 19

22 NAME OF FUNERAL DIRECTOR F E Brown
ADDRESS East Boston Mass.

Received and filed SEP 20 1948 19
(Registrar of City or Town where deceased resided)

-301 A

1 PLACE OF DEATH

Suffolk (County) Revere 10/8/48

Winthrop (City or Town)

No. 43 Washington Ave St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registrar's No. 181

PHYSICIAN—IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

2 FULL NAME Helen Lyons
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 78 Shawmut St. Revere St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution (Before death) years months days. (Specify whether) In this community 20 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: widow

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Martin Lyons
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 66 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: At home

10 Industry or Business: Household

11 Social Security No.

12 BIRTHPLACE (City) (State or country) Manchester N.H.

PARENTS

13 NAME OF FATHER Andrew Smith

14 BIRTHPLACE OF FATHER (City) (State or country) Patterson N.J.

15 MAIDEN NAME OF MOTHER Sarah Tierny

16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

17 Informant George J. Smith Relation, if any (brother)
(Address) 174 Laurel St. Manchester N.H.

was filed with me BEFORE the burial or transit permit was issued:
I HEREBY CERTIFY that a satisfactory standard certificate of death

Walter F. Baker
(Signature of Agent of Board of Health or other)

Health Officer 9/14/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept. (Month) 11 (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1948, to Aug Sept 11, 1948
I last saw her alive on Sept 11, 1948, death is said to have occurred on the date stated above, at 6.45 p.M.

	Duration
Immediate cause of death: Carcinoma of Bowel	1947
Due to: Metastases to Liver	1948
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

IMPORTANT

Major findings: Of operations: Cancer of Bowel & liver Date of April 1948
Of autopsy: no
What test confirmed diagnosis?

Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) A C Benjamin, M. D.
(Address) Chelsea Date 9/13 1948

21 Glenwood Everett
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Sept 16 1948

22 NAME OF FUNERAL DIRECTOR R. J. De Neill
ADDRESS Revere

Received and filed SEP 16 1948 19
(Registrar)

50m-(e)-3-43-11574

If deceased was a U. S. War Veteran, G. L., Chap. 46, Sec. 10, requires physicians to insert a recital to that effect.

Unit if may be properly classified. Exact statement of OCCUPATION is very important. See instructions and causes from the laws on back of certificate.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

R-301 A

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-7-46-19068

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 185

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town)

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Boy Pitman
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so, specify WAR)

(a) Residence. No. 455 Shirley St., Winthrop, Mass
(Usual place of abode) St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) years months days. In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: MALE

4 COLOR OR RACE: WHITE

5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: Single

5a If married, widowed or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here. STILLBORN

8 AGE Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation:

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) (State or Country) Winthrop Mass

PARENTS

13 NAME OF FATHER: STANLEY PITMAN

14 BIRTHPLACE OF FATHER (City) (State or Country): LACONIA N. H.

15 MAIDEN NAME OF MOTHER: MARY McNEAL

16 BIRTHPLACE OF MOTHER (City) (State or Country): CANADA

17 Informant (Address): STANLEY PITMAN (Relation, if any) FATHER
455 SHIRLEY ST

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter J. Baker
(Signature of Agent of Board of Health or other)

Health Officer
(Official Designation)

9/15/48
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH September 13 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from ~~February~~ 13 1948, to Sept. 13, 1948

I last saw h alive on , 19 , death is said to have occurred on the date stated above, at m.

Duration

IMPORTANT

Immediate cause of death
Stillborn (8 1/2 mos)

Due to Erythroblastosis

Due to Erythroblastosis

Other conditions
(Include pregnancy within 3 months of death)

IMPORTANT

Physician — Underline the cause to which death should be charged statistically.

Major findings:
Of operations Date of

Of autopsy Pathologic

What test confirmed diagnosis? Clinical & pathological

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Jacob J. Abrams M.D. M. D.

(Address) 562 Shirley St Winthrop Mass Date Sept 13 1948

21 WINTHROP Place of Burial, Cremation or Removal (City or Town) WINTHROP

DATE OF BURIAL SEPTEMBER 15 1948

22 NAME OF FUNERAL DIRECTOR John F. O'Malley

ADDRESS WINTHROP MASS

Received and Filed SEP 16 1948 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

R-301 A

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-7-46-19068

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 186

PLACE OF DEATH
1 Suffolk (County) Boston 10/8/48
Winthrop (City or Town)
No. Winthrop Community Hosp. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mr. Ralph Gallo
(If deceased is a married, widowed, or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT
(Was deceased a U. S. War Veteran, (If so specify WAR) No

(a) Residence. No. 447 Meridian St. East Boston
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) Drop. (Specify whether) years months 5 days. In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: Married

5a If married, widowed or divorced HUSBAND of Anna Calvo
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive 58 years

7 IF STILLBORN, enter that fact here.

8 AGE 58 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: Proprietor

10 Industry or Business: Grocery Store

11 Social Security No. None

12 BIRTHPLACE (City) (State or Country) Italy

PARENTS
13 NAME OF FATHER Mario Gallo
14 BIRTHPLACE OF FATHER (City) (State or Country) Italy
15 MAIDEN NAME OF MOTHER Giovanna Corradino
16 BIRTHPLACE OF MOTHER (City) (State or Country) Italy

17 Informant (Address) Anna Gallo (Relation, if any) Wife
447 Meridian St.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter J. Baker
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation) (Date of Issue of Permit) 9/17/48

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept. (Month) 15 (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept 10, 1948, to Sept 15, 1948.
I last saw him alive on Sept 15, 1948, death is said to have occurred on the date stated above, at 3:10 P m.

Immediate cause of death — Duration — IMPORTANT
Uremia — Retinitis — 3 mos.
Due to Chronic Nephritis — 2 years.
Diabetic Mellitus — since 1934
~~Due to~~ Diabetic Retinitis — 4 years.
blindness Rt eye, partial OS.
~~Other conditions~~ Arteriosclerotic HT dis — 3-4 mos.
(Include pregnancy within 3 months of death)
is decompensation

Major findings:
Of operations Date of
Of autopsy
What test confirmed diagnosis?

IMPORTANT
Physician
Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) D. D. Potito, M. D.
(Address) 17a Bennington St Date 9/15 1948

21 Place of Burial, Cremation or Removal. Holy Cross (City or Town) Malden
DATE OF BURIAL Sept 18 1948

22 NAME OF FUNERAL DIRECTOR Clancy Di Pietro
ADDRESS 204 Maverick St. E. B.

Received and Filed SEP 20 1948 19
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

M R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-'40-D-729-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 187

PLACE OF DEATH

1 Suffolk (County)

Winthrop (City or Town)

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Frank W Penney (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 186 Highland Ave. St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution Hosp. (Specify whether) years months 3 days. In this community 38 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Florence Bradbury (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 74 years

7 IF STILLBORN, enter that fact here.

8 AGE 79 Years 9 Months 3 Days | If less than 1 day Hours Minutes

9 Usual Occupation: Machinist

10 Industry or Business: Retired

11 Social Security No. 031-10-8734A

12 BIRTHPLACE (City) Skowhegan (State or country) Maine

PARENTS

13 NAME OF FATHER: Henry Penney

14 BIRTHPLACE OF FATHER (City) Skowhegan (State or country) Maine

15 MAIDEN NAME OF MOTHER: Ann Conant

16 BIRTHPLACE OF MOTHER (City) Topsham (State or country) Maine

17 Informant Merle D Penney (Relation, if any: Son)
(Address) 71 Waldemar Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter F. Baker
(Signature of Agent of Board of Health or other)

Health Officer 9/18/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept 17 1948 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 9-14, 1948 to 9-17, 1948

I last saw h. alive on 9-17, 1948, death is said to have occurred on the date stated above, at 11.15 a.m.

Immediate cause of death: Intracerebral hemorrhage — Duration 1 day

Due to: Hypertension — 1

Due to:

Other conditions (Include pregnancy within 3 months of death): Cerebral hemorrhage

Major findings:
Of operations: Date of
Of autopsy:
What test confirmed diagnosis?

IMPORTANT PHYSICIAN: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) M. D.
(Address) Date 19

21 Pine Grove Waterville Me.
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Sept. 20 1948

22 NAME OF FUNERAL DIRECTOR Howard J Reynolds
ADDRESS Winthrop Mass.

Received and filed SEP 20 1948 19
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No **undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

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RM R-302

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Danvers (City or town making return)

Registered No. 188

1 PLACE OF DEATH: Essex (County); Danvers (City or Town); No. Danvers State Hospital, Hathorne, Mass St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Henry A. Cherry (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 41 Mermaid Ave., Winthrop, Mass St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution (Before death) (Specify whether) years 2 months 2 days. In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Divorced

5a If married, widowed, or divorced HUSBAND of Cannot be learned (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 65 Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Dentist

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) (State or country): Russia

PARENTS

13 NAME OF FATHER: Jacob Cherry

14 BIRTHPLACE OF FATHER (City) (State or country): Russia

15 MAIDEN NAME OF MOTHER: Ida Freidman

16 BIRTHPLACE OF MOTHER (City) (State or country): Russia

17 Informant: Mary K. McPhillips (Relation, if any)
(Address) Hathorne, Mass.

A TRUE COPY.
ATTEST: [signature]
(Registrar of city or town where death occurred)

DATE FILED Sept. 28 1948

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: September (Month) 21 (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from July 19, 1948 to Sept. 21, 1948
I last saw him alive on Sept. 21, 1948, death is said to have occurred on the date stated above, at 11:00p.m.

Immediate cause of death: Arteriosclerotic heart disease — Duration: 2 yrs.

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings: Of operations: Date of:

Of autopsy:

What test confirmed diagnosis? Clinical

Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Francis X. Sullivan, M. D.
(Address) Hathorne, Mass. Date 9/24 1948

21 PLACE OF BURIAL, CREMATION OR REMOVAL: Chav-Zedek (Cemetery) West Roxbury (City or Town)
DATE OF BURIAL Sept. 23 1948

22 NAME OF FUNERAL DIRECTOR: H. J. Torf
ADDRESS: Chelsea, Mass.

Received and filed OCT 8 1948 19
(Registrar of City or Town where deceased resided)

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m-(b)-6-44-14607

-301

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registrar's No. 189

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 204 Cottage Park Road St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Harry Nelson Gushee
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN—IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) WW#1

(a) Residence. No. 204 Cottage Park Road St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution (Before death) years (Specify whether) months days. In this community 30 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: Married

5a If married, widowed, or divorced HUSBAND of Lura C Wheeler
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive 56 years

7 IF STILLBORN, enter that fact here.

8 AGE 56 Years 2 Months 20 Days | If less than 1 day Hours Minutes

9 Usual Occupation: Salesman

10 Industry or Business: Oil Concern

11 Social Security No. 011-05-3390

12 BIRTHPLACE (City) (State or country) Appleton Maine

PARENTS

13 NAME OF FATHER: Lindley M Gushee

14 BIRTHPLACE OF FATHER (City) (State or country): Appleton Maine

15 MAIDEN NAME OF MOTHER: Helen J Sherman

16 BIRTHPLACE OF MOTHER (City) (State or country): Haverhill Mass.

17 Informant: Lura C Gushee (Relation, if any) Wife
(Address) 204 Cottage Park Rd. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter L. Baker
(Signature of Agent of Board of Health or other)
Health Officer 9/22/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept. (Month) 21 (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept 20, 1948, to Sept 21, 1948
I last saw him alive on Sept 21, 1948, death is said to have occurred on the date stated above, at 5:30 P.M.

Immediate cause of death Coronary Thrombosis — Duration IMPORTANT: Sudden

Due to

Due to

Other conditions Diabetes (Include pregnancy within 3 months of death) — 6 year

Major findings: Of operations none
Date of
Of autopsy none
What test confirmed diagnosis? Clinical Signs

IMPORTANT Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) [illegible] M. D.
(Address) Winthrop, Mass. Date Sept 21 1948

21 Winthrop — Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Sept 23 1948

22 NAME OF FUNERAL DIRECTOR Howard S Reynolds
ADDRESS Winthrop Mass

Received and filed SEP 24 1948 19
(Registrar)

A TRUE COPY ATTEST:

100m-(1)-1-45-15510

Let it be properly filled out. Failure to COMPLETE it is very important. See instructions and states from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 48, Sec. 10, requires physicians to insert a recital to that effect.

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46. Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

R-301 A

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-7-46-19068

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 190

1 PLACE OF DEATH (County) Suffolk
(City or Town) Winthrop
No. Kirkpatrick Rest Home St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Katherine Harney
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 78 Englewood Ave St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) Rest Home (Specify whether) years months 10 days. In this community 20 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE White
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married

5a If married, widowed or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Edward Harney (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 82 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: Home

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) (State or Country) Webster Mass

PARENTS

13 NAME OF FATHER Patrick (unable to obtain)

14 BIRTHPLACE OF FATHER (City) (State or Country) Ireland

15 MAIDEN NAME OF MOTHER Bridget O'Connor

16 BIRTHPLACE OF MOTHER (City) (State or Country) Ireland

17 Informant (Address) Ralph Harney (Relation, if any) Son
75 Englewood Ave

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter L. Baker Jr.
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 9/25/48 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH September (Month) 23 (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from July 4, 1948 to Sept 23, 1948
I last saw her alive on Sept 22, 1948 death is said to have occurred on the date stated above, at 9.33 A m.

Immediate cause of death — Duration
Chronic Myocarditis — 6 years
Due to arteriosclerosis — indefinite
Due to senility

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None Date of —
Of autopsy None
What test confirmed diagnosis? Physical Exam

IMPORTANT
Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) John F Collins, M. D.
(Address) Revere Mass Date Sept 24 1948

21 Place of Burial, Cremation or Removal. Winthrop (City or Town)
DATE OF BURIAL Sep 25 1948

22 NAME OF FUNERAL DIRECTOR Ruby Bros
ADDRESS 210 Winthrop St Winthrop

Received and Filed SEP 27 1948 19
(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwitb, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any memher of the family of the deceased, furnish for registration a standard certificate of death, stating to the hest of his knowledge and helief the name of the deceased, his supposed age, the disease of which he died, defined as required hy section one, where same was contracted, the duration of bis last illness, when last seen alive hy the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has beeu engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, he deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person sball bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he bas received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such hoard, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomh other than the receiving tomh to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall he issued until there sball have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, whicb shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot he obtained early enough for the purpose, or is insufficient, a physician wbo is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to anotber within tbe commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make sucb removal shall constitute a permit for such removal; provided, that such hody shall he returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in tbe usual form for the removal of such body has been sooner obtained hereunder. If tbe death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon tbe view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the hody of such a person, he shall forthwith go to the place where the hody lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human hody or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to he held, or from a person appointed to have the care of the cemetery or hurial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled hy recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can he known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

RM R-305

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Boston
(City or town making return)

Registered No. 8391

1 PLACE OF DEATH
Suffolk (County)
Boston (City or Town)
No. Peter B. Brigham Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Katie Wolfe (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 18 Beach Road St. Winthrop Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ..... years months days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F
4 COLOR OR RACE: W
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Widow

5a If married, widowed, or divorced
HUSBAND of .....
(Give maiden name of wife in full)
(or) WIFE of Samuel J Wolfe
(Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 75 Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Housework

10 Industry or Business: At Home

11 Social Security No. ----

12 BIRTHPLACE (City) (State or country) Russia

PARENTS

13 NAME OF FATHER: Harry Gill

14 BIRTHPLACE OF FATHER (City) (State or country): Russia

15 MAIDEN NAME OF MOTHER: Goldie ----

16 BIRTHPLACE OF MOTHER (City) (State or country): Russia

17 Informant (Address): A Doaker (Relation, If any) Son In Law
10 Copley St. Brookline Mass

A TRUE COPY.
ATTEST: [signature]
(Registrar of city or town where death occurred)
DATE FILED Sept. 28 19 48

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept. 24/48
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
Arterio sclerotic heart disease
fractured lt. humerus

20 Accident, suicide, or homicide (specify) accidental
Date of occurrence Sept. 22 19 48
Where did injury occur? Winthrop Mass.
(City or town and State)
Did injury occur in or about the home, on farm, in industrial place, or in xxxxxxxx
(Specify type of place)
Manner of injury Fell accidentally at her home
Nature of injury on Sept. 22/48
While at work? ..... Was there an autopsy? No

21 Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) W J Brickley, M. D.
(Address) Boston Mass Date 9-24 19 48

22 Sons of Israel So. Lawrence
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Sept. 26/48 19

23 NAME OF FUNERAL DIRECTOR B. Birnbach
ADDRESS Dorchester Mass.

Received and filed 19
OCT 4 1948
(Registrar of City or Town where deceased resided)

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-(d)-6-43-12056

R-301 A

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-7-46-19068

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 192

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 60 Orlando Ave., St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William B. Nugent
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) WWI

(a) Residence. No. 60 Orlando Ave. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) None (Specify whether) years months days. In this community 8 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: Single

5a If married, widowed or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 56 Years 8 Months 15 Days If less than 1 day Hours Minutes

9 Usual Occupation: Clerk

10 Industry or Business: Soldier's Relief Dept.

11 Social Security No. None

12 BIRTHPLACE (City) (State or Country) East Boston, Mass.

PARENTS

13 NAME OF FATHER Charles J. Nugent

14 BIRTHPLACE OF FATHER (City) (State or Country) Fairfield Vermont

15 MAIDEN NAME OF MOTHER Jane V. Farley

16 BIRTHPLACE OF MOTHER (City) (State or Country) Salem Mass.

17 Informant (Address) Miss Gertrude B. Nugent (Relation) Sister 60 Orlando Ave., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter L. Baker
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation) 9/28/48 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH September (Month) 27 (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from — , 19 — , to — , 19 —
I last saw h — alive on — , 19 — , death is said to have occurred on the date stated above, at 3:20 P. m.

Immediate cause of death — Duration
Natural causes
Due to Probable coronary occlusion - hours
Due to —
Other conditions none
(Include pregnancy within 3 months of death)

IMPORTANT
Physician — Underline the cause to which death should be charged statistically.

Major findings: Of operations none
Date of —
Of autopsy none
What test confirmed diagnosis? Clinical

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Arthur C. Murray M. D.
(Address) Winthrop Board of Health Date Sept 28 1948

21 Place of Burial, Cremation or Removal Holy Cross Cem. Malden (City or Town)
DATE OF BURIAL September 29, 1948

22 NAME OF FUNERAL DIRECTOR Richard C. Kirby
ADDRESS 17 Bennington St., E. Boston

Received and Filed OCT 4 1948 (Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

R-301 A

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-7-46-19068

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 193

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME James P. Shea
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN-IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 289 Pleasant Street Winthrop St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In hospital or institution (Before death) Hospital (Specify whether) years months 10 days. In this community 25 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male
4 COLOR OR RACE: white
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: widowed

5a If married, widowed or divorced HUSBAND of Mary O'Donnell (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 68 Years 11 Months 19 Days | If less than 1 day Hours Minutes

9 Usual Occupation: Pressman

10 Industry or Business: Post Publishing Co

11 Social Security No. 011-09-5742

12 BIRTHPLACE (City) (State or Country) Boston Massachusetts

PARENTS
13 NAME OF FATHER: John Shea
14 BIRTHPLACE OF FATHER (City) (State or Country): Ireland
15 MAIDEN NAME OF MOTHER: Catherine Marshall
16 BIRTHPLACE OF MOTHER (City) (State or Country): Ireland

17 Informant (Address): James J. Shea (Relation, if any) Son
289 Pleasant Street Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter J. Baker M.D.
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 9/28/48 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH September (Month) 27 (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept. 14, 1948, to Sept. 27, 1948
I last saw him alive on Sept. 27, 1948, death is said to have occurred on the date stated above, at 9:30 A.M.

Immediate cause of death — Duration
Lobar Pneumonia (left) 2 weeks
Due to
Acute Coronary Thrombosis 1/2 hour
Due to

IMPORTANT
Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations none Date of
Of autopsy none
What test confirmed diagnosis? X-ray, - clinical

IMPORTANT
Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Jacob J. Abrams M.D.
(Address) 562 Shirley St Winthrop Date Sept. 28 1948

21 Winthrop Place of Burial, Cremation or Removal. Winthrop (City or Town)
DATE OF BURIAL September 30 1948 19

22 NAME OF FUNERAL DIRECTOR Richard C. Kirby
ADDRESS Boston

Received and Filed OCT 5 1948 19
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FORM APPROVED
Budget Bureau No. 41-R132-42

STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 194

State of NEW HAMPSHIRE

1. PLACE OF DEATH:
(a) County Carroll
(b) City or town Freedom (If outside city or town limits, write RURAL)
(c) Name of hospital or institution: -- (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution -- (Specify whether years, months or days)
In this community 6 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mass. (b) County Suffolk
(c) City or town Winthrop (If outside city or town limits, write RURAL)
(d) Street No. 159 Winthrop St. (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) FULL NAME Allen Clifford Bangs
3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept. (Month) 22, (Day) 1944 (Year)

8. AGE: Years	Months	Days	If less than one day
3	9	18	hr. _____ min.

9. Birthplace Winthrop (City, town, or county) Mass. (State or foreign country)
10. Usual occupation --
11. Industry or business ---

MOTHER FATHER
12. Name Allan C. Bangs
13. Birthplace Winthrop (City, town, or county) Mass. (State or foreign country)
14. Maiden name Margaret Crane
15. Birthplace Charlestown (City, town, or county) Mass. (State or foreign country)

16. (a) Informant's own signature Allan C. Bangs
(b) Address 159 Winthrop St. Winthrop
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7/13/48 (Month) (Day) (Year)
(c) Place; burial or cremation Winthrop Cemetery
18. (a) Signature of funeral director Herbert Marsh
(b) Address Winthrop St., Winthrop, Mass.
19. (a) 7/11/48 (Date received local registrar) (b) Edwin A. Calley (Registrar's signature)

MEDICAL CERTIFICATION
20. Date of death: Month July day 10 year 1948 hour 11 minute 45 pm
21. I hereby certify that I attended the deceased from -, 19__, to -, 19__: that I last saw h__ alive on -, 19__: and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Code No. 83A1, 97	
Due to Congenital vassular disease	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (e) Means of injury _____ (Specify type of place)
23. Signature Francis J. C. Dube MD (M. D. or other)
Address Ctr. Ossipee, Med. Ref. Date signed 7/11/48

8-6917a U. S. GOVERNMENT PRINTING OFFICE 16—13493-1

Carroll County
OCT 19 1948

R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 195

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town) No. 65 Wilshire St St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Nicholas Rozantes (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 65 Wilshire St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ..... years months days. (Before death) (Specify whether) In this community 2 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Georgia Sakellaridis (Give maiden name of wife in full) (or) WIFE of ..... (Husband's name in full)

6 Age of husband or wife if alive 46 years

7 IF STILLBORN, enter that fact here.

8 AGE 62 Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Retired

10 Industry or Business: Restaurant Business

11 Social Security No. 012-20-4294

12 BIRTHPLACE (City) (State or country): Phrestanna, Sparta Greece

PARENTS

13 NAME OF FATHER: Costantinos Rozantes

14 BIRTHPLACE OF FATHER (City) (State or country): Phrestanna, Sparta Greece

15 MAIDEN NAME OF MOTHER: Demetria Sakellaridis

16 BIRTHPLACE OF MOTHER (City) (State or country): Phrestanna, Sparta Greece

17 Informant: Mrs. Georgia Rozantes (Relation, if any: wife) (Address) 65 Wilshire St. Winthrop, Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter H. Walker (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 10/4/48 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct (Month) 2 (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept 28, 1948, to Oct 2, 1948. I last saw him alive on Oct 2, 1948, death is said to have occurred on the date stated above, at 6 30 P.M.

Immediate cause of death: Coronary thrombosis & Congestive heart failure

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

Major findings: Of operations ..... Date of ..... Of autopsy ..... What test confirmed diagnosis? EKG

Duration — IMPORTANT

IMPORTANT — Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? NO. If so, specify .....

(Signed) H. Blumenfield M. D.

(Address) 447 Shirley St Winthrop Date Oct 2 1948

21 Place of Burial, Cremation or Removal: Winthrop Cem. (City or Town) Winthrop

DATE OF BURIAL Oct. 4 1948

22 NAME OF FUNERAL DIRECTOR Christy L. Mavris

ADDRESS 77 Summer St. Lynn, Mass

Received and filed OCT 5 1948 19.....

(Registrar)

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-45-155(1)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section te[illegible] chapter forty-six, that the deceased served in the army, navy or mari[illegible] co[illegible]s of the United States in any war in which it has been engaged, such [illegible] shall appear upon the permit. The board of health, or its agent, [illegible] receipt of such statement and certificate, shall forthwith countersign it [illegible]ud transmit it to the clerk of the town for registration. The person to [illegible]hom the permit is so given and the physician certifying the cause of de[illegible]th shall thereafter furnish for registration any other necessary informat[illegible]n which can be obtained as to the deceased, or as to the manner or ca[illegible] of the death, which the clerk or registrar may require.—Chap. 114, Sec [illegible]45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

RM R-302

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Boston (City or town making return)

Registered No. 869896

1 PLACE OF DEATH: Suffolk (County); Boston (City or Town); No. Mass.General Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Phillip J McKenna (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 64 Somerset Ave. St. Winthrop Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution (Before death) years (Specify whether) months 2 days. In this community yrs. mos. 2 days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 17 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: Student

10 Industry or Business: High School

11 Social Security No. ----

12 BIRTHPLACE (City) (State or country) Boston Mass.

PARENTS

13 NAME OF FATHER: Arthur J McKenna

14 BIRTHPLACE OF FATHER (City) (State or country): Everett Mass.

15 MAIDEN NAME OF MOTHER: Mary A Buckley

16 BIRTHPLACE OF MOTHER (City) (State or country): Winthrop Mass.

17 Informant (Address): Mother (Relation, if any)

A TRUE COPY. ATTEST: Michael J Manning (Registrar of city or town where death occurred)

DATE FILED Oct.8 1948

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct.4/48 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Oct.2, 1948 to Oct.4/, 1948, I last saw him alive on Oct.4/, 1948, death is said to have occurred on the date stated above, at 3:35AM m.

Immediate cause of death	Duration
Intracranial hemorrhage	6 Hrs
Due to Ac.lymphatic leukemia	1 Week
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations None Date of

Of autopsy

What test confirmed diagnosis? Clinical

Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C L Clay, M. D.

(Address) Mass.General Hospt Date 10-4 1948

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross-Malden Mass. (Cemetery) (City or Town)

DATE OF BURIAL Oct.7/48 19

22 NAME OF FUNERAL DIRECTOR F M Donahue

ADDRESS Charlestown Mass

Received and filed OCT 16 1948 19

(Registrar of City or Town where deceased resided)

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

25M-(f)-11-42 10746

M R-301 A

N. B.—WRITE PLAINLY, WITH ORDINARY BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-'40-D-729-a

PLACE OF DEATH

1 Winthrop (County) Revere 11/5/48

Suffolk (City or Town)

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 197

2 FULL NAME Baby Boy Smith
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR) NO

(a) Residence. No. 128 Walnut Ave., Revere, Mass St.
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution Hospital 0 years 0 months 0 days. (Specify whether) In this community 0 yrs. 0 mos. 0 days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Single

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here. Stillborn

8 AGE 0 Years 0 Months 0 Days | If less than 1 day Hours Minutes

9 Usual Occupation: none

10 Industry or Business: none

11 Social Security No. "

12 BIRTHPLACE (City) Winthrop (State or country) Mass.

PARENTS

13 NAME OF FATHER Seymour Paul Smith

14 BIRTHPLACE OF FATHER (City) Portsmouth (State or country) New Hampshire

15 MAIDEN NAME OF MOTHER Celia Blistein

16 BIRTHPLACE OF MOTHER (City) Chelsea (State or country) Mass.

17 Informant Mr. S.P.Smith Relation, if any (Father)
(Address) 128 Walnut Ave. Revere, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter F. Walker
(Signature of Agent of Board of Health or other)

Health Officer
(Official Designation)

10/5/48
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct 4 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h.....alive on ....., 19....., death is said to have occurred on the date stated above, at ....m.

Duration IMPORTANT

Immediate cause of death Anomalous Congenital Anomalies

Due to Spina Bifida

Due to Hydrocephalus

Due to Hydrocephalus

Other conditions
(Include pregnancy within 3 months of death)

IMPORTANT PHYSICIAN Underline the cause to which death should be charged statistically.

Major findings:
Of operations
Date of
Of autopsy
What test confirmed diagnosis? Clinical findings

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) M.O. Selery, M. D.
(Address) 3 Commonwealth Ave Boston Date 10/4 1948

21 Winthrop Cemetery Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL October 5, 1948

22 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop St. Winthrop

Received and filed OCT 5 1948
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, definded as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

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-301

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registrar's No. 198

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 20 Bowdoin Street St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Catherine Louise Conant
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN—IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 20 Bowdoin Street St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution (Before death) years months days. (Specify whether) In this community 6 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Fred Conant
(Give maiden name of wife in full)
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 82 Years 7 Months 12 Days | If less than 1 day Hours Minutes

9 Usual Occupation: House Wife

10 Industry or Business: At Home

11 Social Security No. None

12 BIRTHPLACE (City) (State or country) Missouri

PARENTS

13 NAME OF FATHER: Unable to obtain

14 BIRTHPLACE OF FATHER (City) (State or country): Unable to obtain

15 MAIDEN NAME OF MOTHER: Unable to obtain

16 BIRTHPLACE OF MOTHER (City) (State or country): Unable to obtain

17 Informant: Gladys Johnson Relation (if any): Daughter
(Address) 20 Bowdoin St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter L. Baker
(Signature of Agent of Board of Health or other)

Health Officer 10/8/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct. (Month) 7 (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from 4/25/47, 19__, to 10/7/48, 19__

I last saw her alive on 9/28/48, 19__, death is said to have occurred on the date stated above, at 2-30 A.M.

Immediate cause of death — Duration IMPORTANT
Cerebral arteriosclerosis with
Due to convulsive seizure — 4/22/47
Due to General arteriosclerosis — 1937

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none
Date of
Of autopsy none
What test confirmed diagnosis? Clinical

IMPORTANT Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) F. W. Lerochette, M. D.
(Address) 32 Mon. St. Winth. Date 10/7 1948

21 Woodlawn Everett
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL Oct. 9 1948

22 NAME OF FUNERAL DIRECTOR Howard J. Thyrold
ADDRESS Winthrop Mass.

Received and filed OCT 8 1948 19__
(Registrar)

A TRUE COPY ATTEST:

100m-(f)-1-45-15510

If deceased was a U. S. War Veteran, G. L. Chap. 48, Sec. 10, requires physicians to insert a recital to that effect from the laws on back of certificate.

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer sball forthwitb, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any memher of the family of the deceased, furnish for registration a standard certificate of death, stating to the hest of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required hy section one, where same was contracted, the duration of bis last illness, when last seen alive hy the physician or officer and the date of his death . . . Gen. Laws, Chap. 46. Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has heen engaged, insert iu the certificate a recital to that effect, specifying the war, and shall also certify in sueh certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply witb any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of tbis section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place hetween February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No nndertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human hody which has not been buried, until be has received a permit from tbe board of health, or its agent appointed to issue such permits, or if there is no such hoard, from the clerk of the town where tbe person died; and no undertaker or other person shall exbume a buman body and remove it from a town, from one eemetery to another, or from one grave or tomb other than the receiving tomh to another in the same ccmetery, until he bas received a permit from the board of health or its agent aforesaid or from the clerk of the town where tbe body is buried. No such permit sball be issued until there sball have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If tbere is no attending physician, or if, for sufficient reasons, bis certificate eannot be obtained early enougb for the purpose, or is insufficient, a physician who is a member of the board of bealth, or employed by it or by the selectmen for the purpose, shall upon application make the certificate reqnired of the attending physician. If death is caused by violence, the medical examiner shall make sucb certificate. If such a permit for the removal of a human body, not previously interred, from one town to another witbin the commonwealth cannot be obtained early enough for tbe purpose, the eertificate of death made as above provided and in the possession of the nndertaker desiring to make such removal sball constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within tbirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained berennder. If the deatb certificate contains a recital, as reqnired by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The hoard of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of deatb shall thereafter furnish for registration any other necessary information wbich can he ohtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the hody of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the asbes thereof which have been brought into the commonwealth until he has received a permit so to do from the hoard of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be huried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in whieh the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for tbe observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to sucb deaths only as those of persons wbo, thougb disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is ahsent from home when the certificate of deatb is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, hut also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative bealtbfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If tbe occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased bad retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at scbool or at home. For a woman wbose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate tbe occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

M R-302

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

25M-(f)-11-42 10746

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Boston
(City or town making return)

Registered No. 885199

1 PLACE OF DEATH
Suffolk (County)
Boston (City or Town)
No. Mass. General Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles T Foote (If U. S. War Veteran, specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 39 Johnson Ave. St. Winthrop Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution ..... years months 11 days. In this community yrs. mos. 11 days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M
4 COLOR OR RACE: W
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of Eleanor M Hall
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 73 Years 10 Months 19 Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Manager

10 Industry or Business: Retail Mdse.

11 Social Security No. Cannot be learned

12 BIRTHPLACE (City) (State or country): Hampstead N.H.

PARENTS

13 NAME OF FATHER: Alfred Foote

14 BIRTHPLACE OF FATHER (City) (State or country): New Hampshire

15 MAIDEN NAME OF MOTHER: Frances Randall

16 BIRTHPLACE OF MOTHER (City) (State or country): New Hampshire

17 Informant (Address): C R Foote (Relation, if any: Son)

A TRUE COPY.
ATTEST: .....
(Registrar of city or town where death occurred)

DATE FILED Oct/14 19 48

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct. 9/48
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept/30, 1948, to Oct. 9, 1948
I last saw him alive on Oct. 9, 1948, death is said to have occurred on the date stated above, at 9 PM m.

	Duration
Immediate cause of death: Cholecystitis and cholangitis acute	1 Week
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Broncho pneumonia pulm edema, biliary cirrhosis	

Major findings: Of operations: Carcinoma in region of ampulla of vater Date of 10-4-48
Of autopsy 10-10-48
What test confirmed diagnosis?

Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) E H Wilson Jr., M. D.
(Address) Mass. General Hospt Date 10-10 1948

21 PLACE OF BURIAL, CREMATION OR REMOVAL Old Hampstead Cem-Hampstead N.H.
(Cemetery) (City or Town)
DATE OF BURIAL Oct/12/48 19

22 NAME OF FUNERAL DIRECTOR R C Kirby
ADDRESS Boston Mass.

Received and filed OCT 22 1948 19
(Registrar of City or Town where deceased resided)

R-301 A

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-7-46-19068

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 200

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town) No. 160 Somerset Ave St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ellen Jenkins (Cusack)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 160 Somerset Ave St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution years months days. In this community 50 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE White
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed

5a If married, widowed or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of George A Jenkins (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 68 Years — Months — Days | If less than 1 day Hours Minutes

9 Usual Occupation: Real Estate Broker

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) (State or Country) St John N.B.

PARENTS

13 NAME OF FATHER Michael Cusack
14 BIRTHPLACE OF FATHER (City) (State or Country) St John N.B.
15 MAIDEN NAME OF MOTHER Mary O'Brien
16 BIRTHPLACE OF MOTHER (City) (State or Country) St John N.B.

17 Informant Philip Jenkins (Relation, if any) son
(Address) 160 Somerset Ave

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

Walter F. Baker
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 10/11/48 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October (Month) 9 (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 25, 1948, to October 9, 1948
I last saw her alive on October 9, 1948, death is said to have occurred on the date stated above, at 5:30 A m.

Immediate cause of death Hypertensive Heart Disease with acute Left Ventricular Failure — Duration 5 years
Due to Hypertension — 3 hours
Coronary Thrombosis — 10 years
Due to — 7/15/48

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Date of

Of autopsy None

What test confirmed diagnosis?

IMPORTANT Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Dorothy Cheney Appleton, M. D.
(Address) 177 Woodside Ave. Winthrop Date Oct. 9 1948

21 Place of Burial, Cremation or Removal Winthrop (City or Town)
DATE OF BURIAL Oct 12, 1948

22 NAME OF FUNERAL DIRECTOR Maurice H. Kirby
ADDRESS 210 Winthrop St Winthrop

Received and Filed 19
OCT 13 1948
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

M R-302

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Boston
(City or town making return)

Registered No. 886 201

1 PLACE OF DEATH
Suffolk (County)
Boston (City or Town)
No. Long Island Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME James J Murphy
(If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 20 Hale Ave. St. Winthrop Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ..... years months 10 days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M
4 COLOR OR RACE: W
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Widower

5a If married, widowed, or divorced HUSBAND of Grace Powers
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 61 Years 2 Months 18 Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Watchman

10 Industry or Business: L.I.H. Boston Mass

11 Social Security No. ----

12 BIRTHPLACE (City) (State or country): Boston Mass.

PARENTS

13 NAME OF FATHER: John B Murphy

14 BIRTHPLACE OF FATHER (City) (State or country): Boston Mass.

15 MAIDEN NAME OF MOTHER: Mary F Burns

16 BIRTHPLACE OF MOTHER (City) (State or country): Boston Mass.

17 Informant (Address): L.I.H. Records (Relation, if any)

A TRUE COPY.
ATTEST: Michael F Manning
(Registrar of city or town where death occurred)

DATE FILED Oct/14/48 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct/10/48
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1947, to Oct/10, 1948
I last saw him alive on Oct. 10, 1948, death is said to have occurred on the date stated above, at 8:45P m.

Immediate cause of death: Chronic myocarditis with failure — Duration: Yrs.

Due to: Arterio sclerotic heart disease — Mos.

Due to: Chronic bronchitis — Yrs.

Due to: Pulmonary emphysema — Years

Other conditions (Include pregnancy within 3 months of death): Post operative abdominal hernia

Major findings: Of operations: Gall bladder operation — Date of: ? 1941

Of autopsy

What test confirmed diagnosis? Clinical

Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James V Sacchetti, M. D.
(Address) L.I.H. Boston Date 10-10 19 48

21 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross-Malden Mass.
(Cemetery) (City or Town)
DATE OF BURIAL Oct/13/48 19

22 NAME OF FUNERAL DIRECTOR: E P Caggiano
ADDRESS: Winthrop Mass.

Received and filed OCT 22 1948 19
(Registrar of City or Town where deceased resided)

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

25M-(f)-11-42 10746

R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 202

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town)

No. 626 Pleasant Street ~~Winthrop Community Hospital~~ St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN-IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR): NO.

2 FULL NAME Earle Noyes Balkin (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 626 Pleasant St. St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) years months days. In this community 38 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: Married

5a If married, widowed or divorced HUSBAND of ... (Give maiden name of wife in full)

(or) WIFE of Herbert George Balkin (Husband's name in full)

6 Age of husband or wife if alive 55 years

7 IF STILLBORN, enter that fact here.

8 AGE 55 Years 1 Months 2 Days — If less than 1 day Hours Minutes

9 Usual Occupation: At Home

10 Industry or Business: House wife

11 Social Security No. None

12 BIRTHPLACE (City) (State or Country): ~~Orient Heights~~ E. Boston, Mass.

PARENTS

13 NAME OF FATHER: John Graham

14 BIRTHPLACE OF FATHER (City) (State or Country): Belfast Ireland

15 MAIDEN NAME OF MOTHER: Ellen Blakeley

16 BIRTHPLACE OF MOTHER (City) (State or Country): Belfast Ireland

17 Informant (Address) Herbert G. Balkin (Husband) (Relation, if any) 626 Pleasant St, Winthrop, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter G. Baker (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 10/14/48 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October (Month) 11 (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from ——, 19, to ——, 19

I last saw h — alive on ——, 19, death is said to have occurred on the date stated above, at 11 P. m.

Immediate cause of death: Natural causes — Presumably coronary occlusion — Duration: 2 hours

Due to: Generalized arterio-sclerosis — years

Due to:

Other conditions — (Include pregnancy within 3 months of death)

Major findings Of operations: Had Smithwick operation at Mass. Ment. Hop. Date of 1946

Of autopsy none

What test confirmed diagnosis? clinical

IMPORTANT — Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Arthur C. Murray, M. D.

(Address) Winthrop Board of Health Oct. 12 1948

21 Place of Burial, Cremation or Removal: Winthrop Cemetery (City or Town) Winthrop

DATE OF BURIAL October 14, 1948 19

22 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop

Received and Filed OCT 20 1948 19 (Registrar)

100M-7-46-19068

Information should be carefully supplied. Exact statement of OCCUPATION is very important. DEATH in plain terms, so that it may be properly classified. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

M R-302

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

25M-(f)-11-42 10746

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Boston
(City or town making return)

Registered No. 8865 203

1 PLACE OF DEATH
Suffolk (County)
Boston (City or Town)
No. Mass. General Hospt St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Gertrude M Hill
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 59 Summit Ave. St. Winthrop Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ..... years months 19 days. In this community yrs. mos. 19 days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F
4 COLOR OR RACE: W
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of .....
(Give maiden name of wife in full)
(or) WIFE of George N Hill
(Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 87 Years 2 Months 13 Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Housewife

10 Industry or Business: Own Home

11 Social Security No. None

12 BIRTHPLACE (City) ---Maine
(State or country)

PARENTS

13 NAME OF FATHER: Unable to obtain

14 BIRTHPLACE OF FATHER (City) Unable to obtain
(State or country)

15 MAIDEN NAME OF MOTHER: Unable to obtain

16 BIRTHPLACE OF MOTHER (City) Unable to obtain
(State or country)

17 Informant E M Mitchell (Relation, if any: Daughter)
(Address)

A TRUE COPY.
ATTEST: Michael J. Fleming
(Registrar of city or town where death occurred)
DATE FILED Oct/14/48 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct. 11/48
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept. 25, 19 48, to Oct. 11, 19 48
I last saw her alive on Oct. 11, 19 48, death is said to have occurred on the date stated above, at 9:30AM m.

Immediate cause of death — Duration
Cerebral thrombosis — 5 Days

Due to .....

Due to .....

Other conditions
(Include pregnancy within 3 months of death)

Major findings: None
Of operations ..... Date of .....
Of autopsy .....
What test confirmed diagnosis? autopsy

Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) C L Clay, M. D.
(Address) Mass. General Hospt Date 10-11 19 48

21 PLACE OF BURIAL, CREMATION OR REMOVAL Glenwood Cem-Everett Mass.
(Cemetery) (City or Town)
DATE OF BURIAL Oct. 13/48 19

22 NAME OF FUNERAL DIRECTOR H S Reynolds
ADDRESS Winthrop Mass.

Received and filed 19
OCT 22 1948
(Registrar of City or Town where deceased resided)

RM R-305

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Boston
(City or town making return)

Registered No. 89581

1 PLACE OF DEATH
Suffolk (County)
Boston (City or Town)
No. 475 Mass.Ave. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME George Betts
(If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 259 Bowdoin St St. Winthrop Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution ..... years months days. In this community 15 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M
4 COLOR OR RACE: W
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Emma Pommet
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive 59 years

7 IF STILLBORN, enter that fact here.

8 AGE 60 Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Laundry Business

10 Industry or Business: Laundry

11 Social Security No. -----

12 BIRTHPLACE (City) (State or country) Walpole Mass.

PARENTS

13 NAME OF FATHER: George L Betts

14 BIRTHPLACE OF FATHER (City) (State or country): Boston Mass.

15 MAIDEN NAME OF MOTHER: Mary Crowley

16 BIRTHPLACE OF MOTHER (City) (State or country): Ireland

17 Informant (Address): Wife (Relation, if any)

A TRUE COPY, ATTEST: Michael F. Manning
(Registrar of city or town where death occurred)

DATE FILED Oct. 18 19 48

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct. 14/48
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
Coronary sclerosis
treated therefor with positive E.K.G

20 Accident, suicide, or homicide (specify)
Date of occurrence 19
Where did injury occur? (City or town and State)
Did injury occur in or about the home, on farm, in industrial place, or in public place? (Specify type of place)
Manner of injury: Collapsed after climbing 3
Nature of injury: flights of stairs
While at work? Was there an autopsy? No

21 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Timothy Leary, M. D.
(Address) Date 10-15 19 48

22 Place of Burial, Cremation or Removal: Winthrop Cem-Winthrop Mass. (City or Town)
DATE OF BURIAL Oct. 18/48 19

23 NAME OF FUNERAL DIRECTOR: M W Kirby
ADDRESS: Winthrop Mass.

Received and filed OCT 22 1948 19
(Registrar of City or Town where deceased resided)

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-(d)-6-43-12056

R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 205

1 PLACE OF DEATH
Suffolk (County) Boston 11/5/48
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Helen M. Walters
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) None

(a) Residence. No. 6 Bellvista Road St. Brighton, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) Hospital (Specify whether) years months 6 days. In this community 58 yrs. 1 mos. 22 days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 58 Years 1 Months 22 Days | If less than 1 day Hours Minutes

9 Usual Occupation: Clerk

10 Industry or Business: Newspaper Co.

11 Social Security No. 012-01-7637

12 BIRTHPLACE (City) (State or country) Boston, Mass.

PARENTS

13 NAME OF FATHER James M. Walters

14 BIRTHPLACE OF FATHER (City) (State or country) Charlestown, Mass.

15 MAIDEN NAME OF MOTHER Catherine McLaughlin

16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

17 Informant Catherine Walters (Relationship) Sister
(Address) 6 Bellvista Rd. Brighton, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter A. Bakeman
(Signature of Agent of Board of Health or other)
Health Officer 10/14/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October (Month) 15, (Day) 1948. (Year)

19 I HEREBY CERTIFY, That I attended deceased from Oct 8, 1948, to Oct 15, 1948
I last saw him alive on Oct 15, 1948, death is said to have occurred on the date stated above, at 1.30 A m.

Immediate cause of death Arteriosclerotic heart disease — Duration IMPORTANT 1946
Due to Arteriosclerosis
Due to
Other conditions none
(Include pregnancy within 3 months of death)
Major findings: Of operations no
Date of
Of autopsy
What test confirmed diagnosis? Electrocardiogram

IMPORTANT Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) [illegible] M. D.
(Address) [illegible] Date 10-15 1948

21 New Calvary Boston, Mass.
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL October 18, 1948.

22 NAME OF FUNERAL DIRECTOR Edward J. Griffin & Sons
ADDRESS Medford, Massachusetts.

Received and filed OCT 20 1948 19
(Registrar)

Extracts from the laws on back of certificate.
If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m(i)-1-44-13634

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has beeu engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

M R-302

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Boston (City or town making return)

Registered No. 898 206

1 PLACE OF DEATH: Suffolk (County); Boston (City or Town); No. Peter Bent Brigham Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Morris Ross (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 241 Shirley St. Winthrop Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution (Before death) years (Specify whether) months 4 days. In this community 8 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Ida Krasnecovitz (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 54 years

7 IF STILLBORN, enter that fact here.

8 AGE 70 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: Grocer Self

10 Industry or Business: Retail Goods

11 Social Security No. None

12 BIRTHPLACE (City) (State or country) Russia

PARENTS

13 NAME OF FATHER ---- Ross

14 BIRTHPLACE OF FATHER (City) (State or country) Russia

15 MAIDEN NAME OF MOTHER Leah -----

16 BIRTHPLACE OF MOTHER (City) (State or country) Russia

17 Informant I E Ross (Address) (Relationship, if any) wife

A TRUE COPY ATTEST: Michael [illegible] (Registrar of city or town where death occurred)

DATE FILED Oct. 19 1948

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct. 16/48 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Oct. 12, 1948, to Oct. 16, 1948. I last saw him alive on Oct. 16, 1948, death is said to have occurred on the date stated above, at 12:01A m.

	Duration
Immediate cause of death: Bleeding duodenal ulcer	40 Yrs
Due to: Pneumonia	Term.
Due to: Pericarditis	Term.
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations None Date of

Of autopsy None What test confirmed diagnosis? Clinical

Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) G W Thorn M. D.

(Address) P. Bent Brigham Hospt. Date 10-16-48 19

21 PLACE OF BURIAL, CREMATION OR REMOVAL Koyner Umgegend West Rox. (Cemetery) (City or Town)

DATE OF BURIAL Oct. 17/48 19

22 NAME OF FUNERAL DIRECTOR H J Torf

ADDRESS Chelsea Mass.

Received and filed 19

(Registrar of City or Town where deceased resided)

25M-(f)-11-42 10746

resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

R-303-A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 207

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. 25 Prospect St. Ave (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Irwin William Cole (correct name)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN—IMPORTANT (Was deceased a U. S. War Veteran, If so specify WAR) No

(a) Residence. No. 25 Prospect St. Winthrop Ave. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ..... years months days. In this community 5 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of Irene Cohen
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive 32 years

7 IF STILLBORN, enter that fact here.

8 AGE 36 Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Copywriter

10 Industry or Business: Boston Globe

11 Social Security No.

12 BIRTHPLACE (City) (State or country) New York, N.Y.

PARENTS

13 NAME OF FATHER Rubin Cohen

14 BIRTHPLACE OF FATHER (City) Rumania (State or country) ~~Roumania~~

15 MAIDEN NAME OF MOTHER Bessie Abramovitz

16 BIRTHPLACE OF MOTHER (City) Rumania (State or country) ~~Roumania~~

17 Informant Irene Cole (Relation, if any wife)
(Address) 25 Prospect Ave., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter H. Baker
(Signature of Agent of Board of Health or other)

Health Officer 10/19/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October 18 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
Acute Cardiac Failure:
Rheumatic Heart Disease
Coronary Sclerosis

20 Accident, suicide, or homicide (specify)
Date of occurrence 19
Where did Injury occur? (City or town and State)
Did injury occur in or about home, on farm, in industrial place, or in public place? (Specify type of place)
Manner of Injury Found dead in his bed
Nature of Injury
While at work? ..... Was there an autopsy? no

21 Was disease or Injury in any way related to occupation of deceased?
If so, specify
(Signed) [illegible], M. D.
(Address) [illegible] Oct. 18 1948

22 Mt. Lebannon-Mohliver-West Roxbury
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL October 20, 1948

23 NAME OF FUNERAL DIRECTOR Benjamin Birnbach
ADDRESS 10 Washington St., Dorchester

Received and filed 19
OCT 20 1948
(Registrar)

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect

Should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

50m-(1)-6-43-12056

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—General Laws, Chap. 38, Sec. 7.

. . . The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and *manner* thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause* its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person) .....

.....

.....

.....

.....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—General Laws, Chap. 38, Sec. 14.

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 208

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town) No. 100 Summit Avenue St. (If death occurred in a hospital or institution give its NAME instead of street and number)

2 FULL NAME Daniel Joseph Gonagle (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN-IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 100 Summit Avenue St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) years months days. In this community 30 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: Widowed

5a If married, widowed or divorced HUSBAND of Marjorie G. McGonagle (Give maiden name of wife in full) (or) WIFE of (Husband's name in full) (OK)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 81 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: President

10 Industry or Business: Hyde Motor Trans Co

11 Social Security No. None

12 BIRTHPLACE (City) (State or Country): Donegal Ireland

PARENTS

13 NAME OF FATHER: Daniel McGonagle

14 BIRTHPLACE OF FATHER (City) (State or Country): Donegal Ireland

15 MAIDEN NAME OF MOTHER: Bridget Kerr

16 BIRTHPLACE OF MOTHER (City) (State or Country): Donegal Ireland

17 Informant (Address): Grace McGonagle (Relation, if any) Daughter 100 Summit Av Winthrop Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter F. Baker (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 10/20/48 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: Oct (Month) 18 (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from March 1, 1946, to Oct 18, 1948

I last saw him alive on Oct 18, 1948, death is said to have occurred on the date stated above, at 5.55 P. m.

Immediate cause of death: Coronary Occlusion — Duration: 1 day

Due to (1) Arterio sclerotic Heart Dis — 3 yrs.

(2) Hypernephroma rt. kidney — 8 mo

Due to (3) with metastasis left jaw — 3 mo.

→ Hypernephroma

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Date of

Of autopsy

What test confirmed diagnosis?

IMPORTANT — Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Myron N. King M. D.

(Address) 562 Shirley St Date Oct 19 1948

21 Place of Burial, Cremation or Removal: Holy Cross Cem Malden Mass (City or Town)

DATE OF BURIAL Octobr 21 1948

22 NAME OF FUNERAL DIRECTOR John F. Ward

ADDRESS 772 Broadway Revere Mass

Received and Filed 19

OCT 25 1948 (Registrar)

100M-7-46-19068

Blank in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall fortbwitb, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any memher of the family of the deccased, furnish for registration a standard certificate of death, stating to the best of his knowledge and helief the name of the deceased, his supposed age, the disease of which he died, defined as required hy section one, where same was contracted, the duration of his last illness, when last seen alive hy the physician or officer and the date of his death . . . Gen. Laws, Cbap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by tbe preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has heen engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen bundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Cbap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human hody which has not been buried, until he bas received a permit from the board of health, or its agent appointed to issue sucb permits, or if there is no such hoard, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one eemetery to another, or from one grave or tomb other than the receiving tomb to another in the same ccmetery, until he has received a permit from the board of healtb or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required hy law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a pbysician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such eertificate. If such a permit for the removal of a human body, not previously interred, from one town to another witbin the commonwealth cannot he obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body bas been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The hoard of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given aud the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can he obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violenee. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the hody lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been hrought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be huried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disahled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly hy traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deatbs following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not tbe mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can he known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

M R-301 A

IMPORTANT: Complete all questions. Write DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-10-47-22153

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 209

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. 26 Enfield Rd. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Anne M. Burke
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN-IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No.

(a) Residence. No. 26 Enfield Rd., St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution No years months days. In this community 20 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: Single

5a If married, widowed or divorced HUSBAND of —
(Give maiden name of wife in full)
(or) WIFE of —
(Husband's name in full)

6 Age of husband or wife if alive — years

7 IF STILLBORN, enter that fact here. —

8 AGE 78 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: Retired Clerk

10 Industry or Business: School Comm. City of Boston

11 Social Security No. none

12 BIRTHPLACE (City) (State or Country): Brooklyn N.Y.

PARENTS

13 NAME OF FATHER: William J. Burke

14 BIRTHPLACE OF FATHER (City) (State or Country): St. John New Brunswick

15 MAIDEN NAME OF MOTHER: Margaret F. Ryan

16 BIRTHPLACE OF MOTHER (City) (State or Country): Cork Ireland

17 Informant: Alice E. Burke (Relation, if any) sister
(Address) 26 Enfield Rd., Win.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter H. Cakes
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 10/27/48 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: October 26, 1948 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Oct 15, 1948, to October 25, 1948
I last saw her alive on Oct 25, 1948, death is said to have occurred on the date stated above, at 5.03 A.m.

Immediate cause of death: Carcinoma of Rectum

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Of operations: none

Date of

Of autopsy: none

What test confirmed diagnosis: Clinical Signs

Duration: IMPORTANT — Are years

IMPORTANT Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) R. J. O'Brien M.D.
(Address) Winthrop Date Oct 26 1948

21 St. Pauls Arlington
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL October 28, 1948

22 NAME OF FUNERAL DIRECTOR: John C. Kelly
ADDRESS 286 Meridian St., East Boston

Received and Filed OCT 28 1948 19
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same. . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

RM R-302

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

30m-(b)-6-44-14607

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Somerville
(City or town making return)

Registered No. 768 210

1 PLACE OF DEATH
Middlesex (County)
Somerville (City or Town)
No. Somerville Hospital St. Crocker St., (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John J. Ferrins (If U. S. War Veteran, specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 11 Neptune Ave., St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution Hospital years 1 months 11 days. In this community 1 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M
4 COLOR OR RACE: W
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of Bridget Mulleague (Give maiden name of wife in full)
(or) WIFE of (Hueband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 71 Years – Months – Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Laborer

10 Industry or Business: Retired

11 Social Security No. ---

12 BIRTHPLACE (City) (State or country) Ireland.

PARENTS
13 NAME OF FATHER James Ferrins
14 BIRTHPLACE OF FATHER (City) (State or country) Ireland.
15 MAIDEN NAME OF MOTHER Catherine Grady
16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland.

17 Informant James Ferrins (Relation, if any) (Son)
(Address) 20 Seymour St., Winthrop, Mass.

A TRUE COPY.
ATTEST: .....
(Registrar of city or town where death occurred)
DATE FILED 10/27/ 1948.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct. 26, 1948.
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept. 17, 1948, to Oct. 26, 1948, I last saw him alive on Oct. 26, 1948, death is said to have occurred on the date stated above, at 3.50 P. m.

	Duration
Immediate cause of death Cerebral Accident	
Due to Arteriosclerosis	?
Due to Arteriosclerotic Heart Disease	?
Due to Diabetes Gangrene left great toe	10-15-48

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operation Gangrene right foot
Date of 10/15/48
Of autopsy
What test confirmed diagnosis?

Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Richard A. Maguire, M. D.
(Address) 432 Medford St. Som. Date 10/26/48.

21 PLACE OF BURIAL, CREMATION OR REMOVAL St. Patrick's Cem., Watertown, Mass. (Cemetery) (City or Town)
DATE OF BURIAL Oct. 29, 1948.

22 NAME OF FUNERAL DIRECTOR John F. O'Maley
ADDRESS Winthrop, Mass.

Received and filed NOV 5 1948 19 .....
(Registrar of City or Town where deceased resided)

M R-305

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m (h)-1-41-4667

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

Braintree
(City or town making return)

Registered No. 211

1 PLACE OF DEATH
Norfolk (County)
Braintree (City or Town)
No. 44 Marshall St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME (Male Infant) Rosenthal
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR) --

(a) Residence. No. 49 Pearl Avenue St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution ..... years months days. In this community yrs. 7 mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced
HUSBAND of .....
(Give maiden name of wife in full)
(or) WIFE of .....
(Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE — Years 8 Months — Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: None

10 Industry or Business: None

11 Social Security No. None

12 BIRTHPLACE (City) Boston
(State or country) Mass.

PARENTS

13 NAME OF FATHER Edward Rosenthal

14 BIRTHPLACE OF FATHER (City) Lawrence
(State or country) Mass.

15 MAIDEN NAME OF MOTHER Rose Pransky

16 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass.

17 Informant Edward Rosenthal (Relation, if any father)
(Address) 49 Pearl Ave. Winthrop, Mass.

A TRUE COPY.
ATTEST: Ernest C. Woodsum
(Registrar of city or town where death occurred)

DATE FILED October 27, 1948

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October (Month) 26, (Day) 1948 (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Heart Disease - Congenital type
Sudden death

20 Accident, suicide, or homicide (specify) .....
Date of occurrence ..... 19 .....
Where did Injury occur? .....
(City or town and State)
Did Injury occur in or about the home, on farm, in industrial place, or in public place? .....
(Specify type of place)
Manner of Injury .....
Nature of Injury .....
While at work? ..... Was there an autopsy? No

21 Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Robert R. Ryan, M. D.
(Address) Weymouth Date 10/26 19 48

22 Beth Israel Cem. Everett
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL October 28, 19 48

23 NAME OF FUNERAL DIRECTOR H. J. Torf
ADDRESS 151 Washington Ave. Chelsea

Received and filed ..... 19 .....
OCT 29 1948
(Registrar of City or Town where deceased resided)

R-301 A

See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-7-46-19068

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 212

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town) No. Fir. Comm. Hosp. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Frederick Henry Maskell
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 57 Maskell St. Winthrop (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In hospital or institution 25 days (Before death) (Specify whether) North Com Hosp years months days. In this community 50 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male
4 COLOR OR RACE: white
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: widowed

5a If married, widowed or divorced HUSBAND of Mary Jane Sutherland (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 78 Years 7 Months 9 Days; If less than 1 day Hours Minutes

9 Usual Occupation: retired

10 Industry or Business: custodian N.E.Tel & Tel Co

11 Social Security No. none

12 BIRTHPLACE (City) London (State or Country) England

PARENTS

13 NAME OF FATHER: Frederick Maskell

14 BIRTHPLACE OF FATHER (City) (State or Country) England

15 MAIDEN NAME OF MOTHER: Unable to obtain

16 BIRTHPLACE OF MOTHER (City) (State or Country) " " "

17 Informant (Address) Mr. Arthur Maskell (Relation, if any) Son
29 Cora St, Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter F. Ballard (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 11/1/48 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct 28, 1948 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Oct 4, 1948, to Oct 28, 1948
I last saw him alive on Oct 28, 1948, death is said to have occurred on the date stated above, at 8.15 P.M.

Immediate cause of death: Bronchopneumonia — Duration: 8 days
Due to: Appendicitis, Peritonitis.
Due to: Prostatitis, Prostatitis — 24 hrs

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations — Date of
Of autopsy
What test confirmed diagnosis?

IMPORTANT — Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Charles Dunkerley, M. D.
(Address) Winthrop Date 10/28 1948

21 Winthrop Cemetery Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL November 1, 1948

22 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop St, Winthrop

Received and Filed NOV 1 1948 (Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

M R-302

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Chelsea
(City or town making return)

Registered No. 516 213

1 PLACE OF DEATH
Suffolk (County)
Chelsea (City or Town)
No. Chelsea Memorial Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Natala Arena
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR) no

(a) Residence. No. 538 Shirley St. St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution ..... years months days. In this community 34 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: white
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Frank Arena
(Give maiden name of wife in full)
(Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 46 Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Tailor shop

10 Industry or Business: Plymouth Mfg. Co.

11 Social Security No. 015-14-2179

12 BIRTHPLACE (City) (State or country) Italy

PARENTS
13 NAME OF FATHER Canteloro Ingegnieri
14 BIRTHPLACE OF FATHER (City) (State or country) Italy
15 MAIDEN NAME OF MOTHER Rosa Donate
16 BIRTHPLACE OF MOTHER (City) (State or country) Italy

17 Informant Jackie Arena (Relation, if any son)
(Address) 538 Shirley St., Winthrop

A TRUE COPY.
ATTEST: Joseph A. Murrell
(Registrar of city or town where death occurred)

DATE FILED Sept. 9 1948 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept. 7, 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept. 3, 1948, to Sept. 7, 1948
I last saw her alive on Sept. 7, 1948, death is said to have occurred on the date stated above, at 7:00P m.

Immediate cause of death
Septicema following repair of vesico vaginal fistula — Duration 4 das.
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Date of
Of autopsy
What test confirmed diagnosis? Clinical

Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) H. L. Masters, M. D.
(Address) 62 Revere St., Rev. Date 9/9 1948

21 PLACE OF BURIAL, CREMATION OR REMOVAL St. Michael (Cemetery) Boston (City or Town)
DATE OF BURIAL Setp. 10 1948

22 NAME OF FUNERAL DIRECTOR Vincent Rapino
ADDRESS 9 Chelsea St., East Boston

Received and filed NOV 24 1948 19
(Registrar of City or Town where deceased resided)

50m-(b)-6-44-14607

resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

M R-302

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m-(b)-6-44-14607

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Medford (City or town making return)

Registered No. 211

1 PLACE OF DEATH: Middlesex (County); Medford (City or Town); No. 558 Riverside Ave. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Samuel Bunting Murray (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 217 Lincoln St. Winthrop (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution (Before death) Nrusing home (Specify whether) 1 years – months 7 days. In this community 7 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): widowed

5a If married, widowed, or divorced HUSBAND of Augusta Manwaring (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive ... years

7 IF STILLBORN, enter that fact here.

8 AGE 85 Years 9 Months 15 Days | If less than 1 day ... Hours ... Minutes

9 Usual Occupation: Hat cutter

10 Industry or Business: Retired

11 Social Security No. none

12 BIRTHPLACE (City) (State or country) Norwalk Conn

PARENTS

13 NAME OF FATHER: Unable to obtain

14 BIRTHPLACE OF FATHER (City) (State or country): Unable to obtain

15 MAIDEN NAME OF MOTHER: Unable to obtain

16 BIRTHPLACE OF MOTHER (City) (State or country): Unable to obtain

17 Informant: George Everbeck (Relation if any: nephew)
(Address) 211 Lincoln St. Winthrop

A TRUE COPY.
ATTEST: [signature]
(Registrar of city or town where death occurred)
DATE FILED Oct 13, 1948 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: October (Month) 9 (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Oct, 1946, to Oct 9, 1948. I last saw him alive on Oct 9, 1948, death is said to have occurred on the date stated above, at 2.50P m.

Immediate cause of death — Duration

Bronchopneumonia — 3dys

Due to Acute respiratory infection — 5dys

Due to

Other conditions (Include pregnancy within 3 months of death) Generalized arterio-sclerosis — ?yrs

Major findings: Of operations ... Date of ...
Of autopsy
What test confirmed diagnosis? clinical

Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...
(Signed) Paul P. Weinsaft, M. D.
(Address) 238 Shore Drive Winthrop Date 10/10/48

21 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet, Brooklyn, N.Y. (Cemetery) (City or Town)
DATE OF BURIAL Oct 13, 1948 19

22 NAME OF FUNERAL DIRECTOR: Howard S. Reynolds
ADDRESS Winthrop, Mass.

Received and filed NOV 12 1948 19
(Registrar of City or Town where deceased resided)

M R-302

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m-(b)-6-44-14607

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Danvers
(City or town making return)

Registered No. 215

1 PLACE OF DEATH
Essex (County)
Danvers (City or Town)
No. Danvers State Hospital, Hathorne, Mass. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Henry A. Marks
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 125 Cliff Ave., Winthrop, Mass. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ..... years months 9 days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): widowed

5a If married, widowed, or divorced HUSBAND of 1. Lena Wagner
(Give maiden name of wife in full)
(or) WIFE of 2. Joyce Steadman
(Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 85 Years 11 Months 24 Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Boot maker (retired)

10 Industry or Business:

11 Social Security No. None

12 BIRTHPLACE (City) (State or country): New York

PARENTS

13 NAME OF FATHER: John Marks

14 BIRTHPLACE OF FATHER (City) (State or country): Germany

15 MAIDEN NAME OF MOTHER: Margaret Hawkes

16 BIRTHPLACE OF MOTHER (City) (State or country): Germany

17 Informant: Mary K. McPhillips (Relation, if any)
(Address) Hathorne, Mass.

A TRUE COPY.
ATTEST: [signature]
(Registrar of city or town where death occurred)

DATE FILED October 26 1948

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October (Month) 17 (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Oct. 8, 1948, to Oct. 17, 1948
I last saw him alive on Oct. 17, 1948, death is said to have occurred on the date stated above, at 6:00 p.m.

Immediate cause of death — Duration
Arteriosclerotic heart disease 1 yr--

Due to Generalized Arteriosclerosis 5 yrs--

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations ..... Date of
Of autopsy
What test confirmed diagnosis? Clinical

Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Francis X. Sullivan, M. D.
(Address) Hathorne, Mass. Date 10/22 1948

21 PLACE OF BURIAL, CREMATION OR REMOVAL Forrest Dale Cem. Malden
(Cemetery) (City or Town)
DATE OF BURIAL Oct. 20 1948

22 NAME OF FUNERAL DIRECTOR Collin Dennis
ADDRESS Malden, Mass.

Received and filed NOV 10 1948 19
(Registrar of City or Town where deceased resided)

M R-302

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

30m-(b)-6-44-14607

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Danvers
(City or town making return)

Registered No. 216

1 PLACE OF DEATH
Essex (County)
Danvers (City or Town)
No. Danvers State Hospital, Hathorne, Mass. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Johanna O'Shea (Wall)
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. Winthrop, Mass. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution (Before death) years 9 months 17 days. (Specify whether) In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Daniel O'Shea
(Give maiden name of wife in full) (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 78 Years 3 Months 25 Days | If less than 1 day Hours Minutes

9 Usual Occupation: Unable to work

10 Industry or Business:

11 Social Security No. None

12 BIRTHPLACE (City) (State or country) Carthage New York

PARENTS
13 NAME OF FATHER: William Wall
14 BIRTHPLACE OF FATHER (City) (State or country): Ireland
15 MAIDEN NAME OF MOTHER: Marie Ryan
16 BIRTHPLACE OF MOTHER (City) (State or country): Ireland

17 Informant: Mary K. McPhillips (Relation, if any)
(Address) Hathorne, Mass.

A TRUE COPY.
ATTEST: [signature]
(Registrar of city or town where death occurred)

DATE FILED Oct. 26 19 48

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October 21 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan. 4, 1948, to Oct. 21, 1948
I last saw her alive on Oct. 21, 1948 death is said to have occurred on the date stated above, at 6:35 p.m.

	Duration
Immediate cause of death: Acute Coronary Thrombosis	1 day
Due to: General Arteriosclerosis	1 yr.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings: Of operations
Date of
Of autopsy
What test confirmed diagnosis? Clinical

Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Pasquale Buoniconto, M. D.
(Address) Hathorne, Mass. Date 10/22 19 48

21 PLACE OF BURIAL CREMATION OR REMOVAL Winthrop Cem., Winthrop Mass.
(Cemetery) (City or Town)
DATE OF BURIAL October 25 19 48

22 NAME OF FUNERAL DIRECTOR John F. O'Maley
ADDRESS Winthrop, Mass.

Received and filed NOV 10 1948 19
(Registrar of City or Town where deceased resided)

M R-302

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m-(b)-6-44-14607

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

BROOKLINE
(City or town making return)

Registered No. 765217

1 PLACE OF DEATH: NORFOLK (County); BROOKLINE (City or Town)
No. Allerton Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Louise A. Rowe (If U. S. War Veteran, specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 110 Loring Road St. Winthrop, Massachusetts
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution Hospital years months 9 days. In this community 34 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Charles Rowe
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 78 Years 3 Months 10 Days | If less than 1 day Hours Minutes

9 Usual Occupation: Housewife

10 Industry or Business: Own home

11 Social Security No. none

12 BIRTHPLACE (City) Newcastle
(State or country) Maine

PARENTS

13 NAME OF FATHER Addison G. Austin

14 BIRTHPLACE OF FATHER (City)
(State or country) Maine

15 MAIDEN NAME OF MOTHER Mary Tague

16 BIRTHPLACE OF MOTHER (City) Newcastle
(State or country) Maine

17 Informant Richard Rowe (Relation, if any son)
(Address) 110 Loring Rd., Winthrop, Mass.

A TRUE COPY.
ATTEST: [signature]
(Registrar of city or town where death occurred)
DATE FILED November 2 1948

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October (Month) 29 (Day), 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from October 21, 1948, to October 29, 1948
I last saw her alive on October 29, 1948, death is said to have occurred on the date stated above, at 6 p. m.

Immediate cause of death	Duration
Due to Bronchopneumonia	2 days
Due to Cerebral Thrombosis	10 days
Generalized Arterio Sclerosis	years

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Date of
Of autopsy
What test confirmed diagnosis? Clinical

Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Henry Baker, M. D.
(Address) 483 Beacon St. Boston Date 10-29 1948

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) Winthrop, Mass. (City or Town)
DATE OF BURIAL November 1 1948

22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop, Massachusetts

Received and filed NOV 13 1948 19
(Registrar of City or Town where deceased resided)

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return) Boston 12/8/48

Registrar's Number 213

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. Winthrop Community Hosp. St. (If death occurred in a hospital or institution give its NAME instead of street and number)

2 FULL NAME Baby (Boy) Bognanno
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN—IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 18 T Lincoln St. E. Boston St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) years months days. In this community years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: Single

5a If married, widowed, or divorced HUSBAND OF (Give maiden name of wife in full)
(or) WIFE OF (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here. Stillborn

8 AGE Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation:

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) (State or country) Winthrop Mass

PARENTS

13 NAME OF FATHER Joseph Bognanno

14 BIRTHPLACE OF FATHER (City) (State or country) East Boston Mass

15 MAIDEN NAME OF MOTHER Theresa Vitiano

16 BIRTHPLACE OF MOTHER (City) (State or country) East Boston Mass.

17 Informant Joseph Bognanno Father Relation, if any
(Address) 687 Bennington St E.B.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter F. Baker
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 11/2/48 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH. Nov. 1 - 1948 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19..., death is said to have occurred on the date stated above, at ... M.

Immediate cause of death

Stillborn

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Date of

Of autopsy

What test confirmed diagnosis?

Duration Important

Important

Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? If so, specify Charles Melone M.D.

(Signed) Geo. Harry W. E. Boston M.D.

(Address) Date 11/1 1948

21 Woodlawn Everett
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL Nov 3 1948

22 NAME OF FUNERAL DIRECTOR Scarangella Funeral Dir. E. Boston

ADDRESS 39 Orleans St. E. Boston

Received and filed NOV 4 1948 19
(Registrar)

A TRUE COPY ATTEST:

100m-(r)-3-46-18278

If deceased was a U. S. War Veteran, G. L., Chap. 48, Sec. 10, requires physicians to insert a recital to that effect.

It may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the law on back of certificate.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

.....

2-301 A

See instructions and extracts from the laws on back of certificate.
If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

7-138

100M-7-46-19068

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 219

1 PLACE OF DEATH
Suffolk (County) Boston 12/8/48
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Boy Sousa.
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN-IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 337 Maverick St., E. Boston St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) years months days. In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: Single

5a If married, widowed or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here. Still-born

8 AGE Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation:

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) (State or Country) Winthrop Mass.

PARENTS
13 NAME OF FATHER: Gasto Sousa
14 BIRTHPLACE OF FATHER (City) (State or Country): Portugal
15 MAIDEN NAME OF MOTHER: Maria Palmarino
16 BIRTHPLACE OF MOTHER (City) (State or Country): Boston

17 Informant: Gasto Sousa (Relation, if any) father
(Address) 337 Maverick St. East Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter L. Baker
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation)
11/3/48
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov. 1 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1948, to Nov. 1, 1948
I last saw him alive on Nov. 1, 1948, death is said to have occurred on the date stated above, at ~~6.15~~ 8:31 a. m.

Immediate cause of death
Stillborn
Due to Prolapsed Cord
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Date of
Of autopsy
What test confirmed diagnosis? clinical

Duration
IMPORTANT
IMPORTANT
Physician
Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) P. Contanza M. D.
(Address) 238 Maverick St. Date 11/1/48

21 Holy Cross Cemetery Malden
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Nov. 3 - 48 19

22 NAME OF FUNERAL DIRECTOR Vincent Talomo
ADDRESS 9 Chelsea St. East Boston

Received and Filed 19
NOV 4 1948
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

I R-301 A

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-10-47-22153

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

TO BE FILED FOR BURIAL PERMIT WITH BOARD OF HEALTH OR ITS AGENT.
Registered No. 220

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town) — No. 30 Waldemar Ave. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: William P. Boudreau (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 30 Waldemar Ave. St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) years months days. In this community 3 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: Married

5a If married, widowed or divorced HUSBAND of Mary Finnegan (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 68 years

7 IF STILLBORN, enter that fact here.

8 AGE 72 Years Months Days — If less than 1 day Hours Minutes

9 Usual Occupation: Fireman Retired

10 Industry or Business: Boston Fire DEpt

11 Social Security No.

12 BIRTHPLACE (City) Gloucester (State or Country) Mass

PARENTS

13 NAME OF FATHER: Lamong Boudreau

14 BIRTHPLACE OF FATHER (City) Arichat (State or Country) N S.

15 MAIDEN NAME OF MOTHER: Delena Landry

16 BIRTHPLACE OF MOTHER (City) Arichat (State or Country) N. S.

17 Informant Mary Boudreau (Relation, if any) (Address) 30 Waldemar Ave

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)
Walter G. Baker 11/6/48
(Official Designation) H.O. (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov. (Month) 5 (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from September 6, 1948, to Nov 5, 1948
I last saw him alive on Nov. 5, 1948, death is said to have occurred on the date stated above, at 2 P. m.

Immediate cause of death: Bronchopneumonia — Duration: days.
Due to: Cerebral Thrombosis - A. — 3 mos.
Due to: General arteriosclerosis — yrs.
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Date of
Of autopsy
What test confirmed diagnosis? —

IMPORTANT Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? —
If so, specify
(Signed) D. Thomas Stoffer, M. D.
(Address) 21 Broad St Fch Date Nov 5 1948

21 Oak Hill Gloucester Mass
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Nov. 8 1948

22 NAME OF FUNERAL DIRECTOR John F. O'Malley
ADDRESS Winthrop

Received and Filed NOV 10 1948
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 221

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Doris Ada (Gatter) Burns
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 198 Somerset Ave. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution Hosp. years 2 months days. In this community 35 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Ralph K Burns (Husband's name in full)

6 Age of husband or wife if alive 53 years

7 IF STILLBORN, enter that fact here.

8 AGE 54 Years 0 Months 16 Days | If less than 1 day Hours Minutes

9 Usual Occupation: Housewife

10 Industry or Business: Own home

11 Social Security No. 021-09-8325

12 BIRTHPLACE (City) Somerville (State or country) Mass.

PARENTS

13 NAME OF FATHER: William J Gatter

14 BIRTHPLACE OF FATHER (City) London (State or country) England

15 MAIDEN NAME OF MOTHER: Florence E Diffin

16 BIRTHPLACE OF MOTHER (City) Calais (State or country) Maine

17 Informant Ralph K Burns (Relation, if any) (Husband)
(Address) 198 Somerset Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter L. Parker
(Signature of Agent of Board of Health or other)

Health Officer Nov 8 1948
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov. (Month) 6, (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept 5, 1948 to Nov 5, 1948
I last saw her alive on Nov 5, 1948, death is said to have occurred on the date stated above, at 10 45 A. m.

Immediate cause of death: Mesenteric Thrombosis — Duration: 8 weeks

Due to

Due to

Other conditions: none
(Include pregnancy within 8 months of death)

Major findings:
Of operations: Exsanguinated Bowels
Exsanguinated Date of Sept 7, 1948
Of autopsy: None
What test confirmed diagnosis? Operation

IMPORTANT
Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) Daniel J O'Brien M. D.
(Address) 7 Washington Winthrop Date Nov 6, 1948

21 Place of Burial, Cremation or Removal. Winthrop (City or Town) Winthrop Nov. 6.
DATE OF BURIAL Nov. 9 1948

22 NAME OF FUNERAL DIRECTOR Howard S Turner
ADDRESS Winthrop Mass

Received and filed NOV 10 1948 19
(Registrar)

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

extracts from the laws on back of certificate.

100m-(g)-1-45-15510

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

R-301 A

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-10-47-22153

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 222

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town)
No. 29 Cora Street St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME May Ella Thompson
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN-IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 29 Cora Street St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ..... years months days. In this community 35 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F
4 COLOR OR RACE: White
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: Married

5a If married, widowed or divorced
HUSBAND of .....
(Give maiden name of wife in full)
(or) WIFE of John Thompson
(Husband's name in full)

6 Age of husband or wife if alive 75 years

7 IF STILLBORN, enter that fact here.

8 AGE 72 Years 5 Months 21 Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: At Home

10 Industry or Business: .....

11 Social Security No. none

12 BIRTHPLACE (City) (State or Country) Ireland

PARENTS

13 NAME OF FATHER: John Dyer

14 BIRTHPLACE OF FATHER (City) (State or Country): Ireland

15 MAIDEN NAME OF MOTHER: Unable to obtain

16 BIRTHPLACE OF MOTHER (City) (State or Country): Ireland

17 Informant Mrs. Arthur M. Maskell (Relation, if any) daughter
(Address) 29 Cora Street

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter F. Baker
(Signature of Agent of Board of Health or other)

Health Officer
(Official Designation)

11/8/48
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November (Month) 6, (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from April 1, 1948, to Nov. 6, 1948
I last saw h. alive on Nov. 1, 1948 death is said to have occurred on the date stated above, at 8 A.M.

Immediate cause of death: Carcinoma of lung
Due to .....
Due to .....
Other conditions (Include pregnancy within 3 months of death) .....
Major findings: Of operations ..... Date of .....
Of autopsy .....
What test confirmed diagnosis? .....

Duration IMPORTANT

IMPORTANT Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) P. Macdonald, M.D.
(Address) 4 Winthrop Date 11/6 1948

21 Winthrop Cemetery Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL November 8, 1948

22 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop Street

Received and Filed NOV 10 1948
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 223

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 62 Pleasant Street St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Fanny Dearborn Warnock
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 62 Pleasant Street St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ..... years months days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Widow

5a If married, widowed, or divorced
HUSBAND of ..... (Give maiden name of wife in full)
(or) WIFE of Wm. James Warnock
(Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 80 Years 8 Months 25 Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: At Home

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) (State or country) Jamaica Plain, Mass.

PARENTS

13 NAME OF FATHER Samuel Dearborn

14 BIRTHPLACE OF FATHER (City) (State or country) Maine

15 MAIDEN NAME OF MOTHER Elizabeth Ann Thomas

16 BIRTHPLACE OF MOTHER (City) (State or country) Devonshire, England

17 Informant Miss Mary B. Warnock (Relation, if any) Daughter
(Address) 62 Pleasant St., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter L. Baker
(Signature of Agent of Board of Health or other)
Health Officer 11/10/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November (Month) 8 (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 25, 1947, to Nov. 8, 1948, I last saw her alive on Oct 30, 1948, death is said to have occurred on the date stated above, at 8.55 P m.

Immediate cause of death: Acute coronary occlusion — Duration: 1/2 hour.
Due to (a) Arteriosclerotic Heart Dis — 2 yrs.
(b) Hypertension — 2 yrs.
Due to (c) Atrophic arthritis — 2 yrs.

Other conditions: none.
(Include pregnancy within 3 months of death)

Major findings:
Of operations: X
Date of
Of autopsy: X
What test confirmed diagnosis? X

IMPORTANT Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) Myron H. King M. D.
(Address) 564 Shirley St Winthrop Date Nov. 9 1948

21 Mount Auburn Cambridge
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Nov. 12, 1948

22 NAME OF FUNERAL DIRECTOR Eastman Funeral Service, Inc.
ADDRESS 896 Beacon Street, Boston, Mass.

Received and filed NOV 12 1948 19
(Registrar)

100m-(g)-1-45-15510

Failure to insert a number in the space provided or to properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.
If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

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RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

M R-301 A

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

00M-10-47-22153

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 224

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 40 Belcher St St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN-IMPORTANT

2 FULL NAME Margaret T. McCarthy Halligan
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 40 Belcher St St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ..... years months days. In this community 37 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: Widowed

5a If married, widowed or divorced
HUSBAND of .....
(Give maiden name of wife in full)
(or) WIFE of John E. Halligan
(Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 69 Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Housewife

10 Industry or Business: Own Home

11 Social Security No. .....

12 BIRTHPLACE (City) East Boston
(State or Country) Mass

PARENTS

13 NAME OF FATHER William McCarthy

14 BIRTHPLACE OF FATHER (City) .....
(State or Country) Ireland

15 MAIDEN NAME OF MOTHER Margaret Nocturn

16 BIRTHPLACE OF MOTHER (City) .....
(State or Country) Ireland

17 Informant John Halligan (Relation, if any) Son
(Address) 40 Belcher St

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter L. Baker
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 11/10/48 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov. (Month) 10 (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from July 1, 1948, to Nov. 10, 1948

I last saw h... alive on Nov. 5, 1948, death is said to have occurred on the date stated above, at 7 A.M.

Immediate cause of death Carcinoma Chronic
Carcinoma

Duration IMPORTANT

Due to .....

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations ..... Date of .....

Of autopsy .....

What test confirmed diagnosis? .....

IMPORTANT
Physician
Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) [illegible] M. D.
(Address) [illegible] Date 11-16-48

21 Winthrop Winthrop
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL Nov 12 1948

22 NAME OF FUNERAL DIRECTOR John F. O'Malley
ADDRESS Winthrop

Received and Filed NOV 12 1948
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate of death, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof of a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

301

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registrar's No. 225

1 PLACE OF DEATH: County: Suffolk
City or Town: Winthrop
No. 104 Highland Ave St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Rose Porter Fisher
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN—IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 104 Highland Ave
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution (Before death) (Specify whether) years months days. In this community 30 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of William W. Fisher (Give maiden name of wife in full) (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 82 Years 6 Months 26 Days. If less than 1 day Hours Minutes

9 Usual Occupation: Retired

10 Industry or Business: Manage Nursing Home

11 Social Security No.

12 BIRTHPLACE (City) (State or country): Bridgeport Ohio

PARENTS

13 NAME OF FATHER: William Porter

14 BIRTHPLACE OF FATHER (City) (State or country): Pennsylvania

15 MAIDEN NAME OF MOTHER: Catherine Davis

16 BIRTHPLACE OF MOTHER (City) (State or country): Wales England

17 Informant (Address): Maude Moore (Relation if any: niece) 104 Highland Ave

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter G. Baker
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 11/15/48 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: November (Month) 13 (Day), 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 21, 1947, to November 13, 1948
I last saw her alive on November 10, 1948, death is said to have occurred on the date stated above, at 9:00 A.M.

	Duration IMPORTANT
Immediate cause of death: Cerebral Hemorrhage with right hemiplegia	2 months
Due to: Arteriosclerosis	2 years
Due to: + hypertensive heart disease	2 years
Other conditions (Include pregnancy within 3 months of death): None	
Major findings: Of operations: None	
Date of	
Of autopsy: None	
What test confirmed diagnosis? Clinical + labora	

IMPORTANT Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Maurice Traverstein Jr. M. D.
(Address) 562 Shirley St. Winthrop Date Nov 13, 1948

21 Place of Burial, Cremation or Removal: Winthrop Cemetery Winthrop (City or Town)
DATE OF BURIAL NOV 15 1948

22 NAME OF FUNERAL DIRECTOR: Howard J. Reynolds
ADDRESS 180 Winthrop St Winthrop

Received and filed NOV 17 1948 19
(Registrar)

A TRUE COPY ATTEST:

100m-(1)-1-45-15510

from the laws on back of certificate.
If deceased was a U. S. War Veteran, G. L. Chap. 48, Sec. 10, requires physicians to insert a recital to that effect.

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has beeu engaged, insert iu the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the asbes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

M R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 226

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town)

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Alice Mary Cochran (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN-IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No.

(a) Residence. No. 64 Cottage Park Road St. (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In hospital or institution hospital years months 6 days. In this community 55 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female
4 COLOR OR RACE: white
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: single

5a If married, widowed or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 67 Years 7 Months 16 Days | If less than 1 day Hours Minutes

9 Usual Occupation: housekeeping

10 Industry or Business: own home

11 Social Security No. 012-18-6605

12 BIRTHPLACE (City) St. John's (State or Country) New Brunswick

PARENTS

13 NAME OF FATHER John Cochran

14 BIRTHPLACE OF FATHER (City) St. John's (State or Country) New Brunswick

15 MAIDEN NAME OF MOTHER Margaret Minahan

16 BIRTHPLACE OF MOTHER (City) Chatham (State or Country) England

17 Informant Miss. Margaret Cochran (Relation, if any) sister
(Address) 64 Cottage Park Road, Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter G. Baker
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 11/18/48 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November (Month) 17 (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Nov. 11, 1948, to Nov. 17, 1948

I last saw h. alive on Nov. 16, 1948, death is said to have occurred on the date stated above, at 9.15 A.m.

Immediate cause of death 9.15
Cerebral hemorrhage
Due to hypertension
Due to

Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Date of
Of autopsy
What test confirmed diagnosis?

IMPORTANT Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [illegible] M. D.
(Address) Winthrop Date 11/17 1948

21 Place of Burial, Cremation or Removal Winthrop Cemetery, Winthrop (City or Town)
DATE OF BURIAL Nov. 19, 1948

22 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop St. Winthrop

Received and Filed NOV 20 1948
(Registrar)

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-10-47-22153

Information should be carefully supplied. Name should be stated EXACTLY. Exact statement of OCCUPATION is very important. DEATH in plain terms, so that it may be properly classified. See instructions and extracts from the laws on back of certificate.

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

R-301 A

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-45-13510

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 222

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)
444 Lincoln Street

2 FULL NAME Joan S. Nelson (Smith)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 20 Seymour Street St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution 92 years months 30 days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Widowed

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Joseph A. Nelson (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 68 Years 0 Months 20 Days | If less than 1 day Hours Minutes

9 Usual Occupation: Housewife

10 Industry or Business:

11 Social Security No. 021-05-[illegible]

12 BIRTHPLACE (City) (State or country) Scotland

PARENTS

13 NAME OF FATHER Unable to obtain

14 BIRTHPLACE OF FATHER (City) (State or country) Scotland

15 MAIDEN NAME OF MOTHER Unable to obtain

16 BIRTHPLACE OF MOTHER (City) (State or country) Scotland

17 Informant Florence Tewksbury (Daughter) Relation, if any
(Address) 20 Seymour Street

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter A. Dewey
(Signature of Agent of Board of Health or other)
Health Officer 11/20/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November 18 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 25, 1948, to November 18, 1948
I last saw her alive on November 15/48, 19 death is said to have occurred on the date stated above, at 4:0' p.m.

Immediate cause of death — Duration
Carcinoma right breast — IMPORTANT — 2 years
Due to Generalized metastatic carcinomatosis — 6 mos
Due to Cerebral Hemorrhage with Right Hemiplegia — 1 week
Other conditions (Include pregnancy within 8 months of death) None

IMPORTANT — Physician — Underline the cause to which death should be charged statistically.

Major findings: Of operations Carcinoma rt. breast Date of Feb 1948
Of autopsy None
What test confirmed diagnosis? Clinical & Pathological

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Jacob Chapin M.D. M. D.
(Address) 562 Winthrop St. Date of death 11/19/48

21 Winthrop Cemetery Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL November 20, 1948

22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS 180 Winthrop Street

Received and filed NOV 20 1948 19
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

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DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-7-46-19068

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 223

1 PLACE OF DEATH: County: Suffolk; City or Town: Winthrop

No. 20 Wilshire ST St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Isabella Miranda (Nicolia) (If deceased is a married, widowed or divorced woman, give also maiden name)

PHYSICIAN-IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 20 Wilshire ST St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) years months days. In this community yrs. 11 mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: widow

5a If married, widowed or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Bartolomeo Miranda (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 74 Years Months Days; If less than 1 day Hours Minutes

9 Usual Occupation: retired

10 Industry or Business: at home

11 Social Security No. none

12 BIRTHPLACE (City) (State or Country) Italy

PARENTS

13 NAME OF FATHER Giovanni B Nicolia

14 BIRTHPLACE OF FATHER (City) (State or Country) Italy

15 MAIDEN NAME OF MOTHER not known

16 BIRTHPLACE OF MOTHER (City) (State or Country) Italy

17 Informant Vincenza Olivi (Relation if any) daughter (Address) 20 Wilshire ST Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

Walter G. Oakley (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 11/29/48 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov 27 1948 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Nov 26, 1948, to Nov 27, 1948

I last saw h. alive on Nov 27, 1948, death is said to have occurred on the date stated above, at 7.30 p.m.

Immediate cause of death: Hemorrhage (Acute Pulmonary Edema) — Duration: Nov 26/48

Due to: Cerebral Thrombosis (right hemiplegia) — Nov 26/48

Due to: Hypertension — 3-Years

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Date of

Of autopsy

What test confirmed diagnosis? Clinical Sx Dx

IMPORTANT — Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Tony Liberti, M. D. (Address) Winthrop Date Nov 27 1948

21 Place of Burial, Cremation or Removal. Winthrop (City or Town)

DATE OF BURIAL Nov 29/48 19

22 NAME OF FUNERAL DIRECTOR Salvatore Rocco

ADDRESS 319 Bunker Everett

Received and Filed DEC 3 1948 19 (Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

M R-302

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m-(b)-6-44-14607

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Danvers
(City or town making return)

Registered No. 229

1 PLACE OF DEATH
Essex (County)
Danvers (City or Town)
No. Danvers State Hospital, Hathorne, Mass. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Caroline I. Gallagher (Warren)
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 104 Highland St., Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution 4 years 6 months 0 days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Joseph Gallagher
(Give maiden name of wife in full)
(Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 81 Years 9 Months 17 Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Unable to work

10 Industry or Business:

11 Social Security No. None

12 BIRTHPLACE (City) (State or country) Charlestown Mass.

PARENTS
13 NAME OF FATHER: Charles Warren
14 BIRTHPLACE OF FATHER (City) (State or country): Maine
15 MAIDEN NAME OF MOTHER: Mary Connolly
16 BIRTHPLACE OF MOTHER (City) (State or country): Ireland

17 Informant: Mary K. McPhillips (Relation, if any) (Address) Hathorne, Mass.

A TRUE COPY.
ATTEST: [signature]
(Registrar of city or town where death occurred)

DATE FILED Dec. 1 1948

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November 29 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sep. 11, 1944 to Nov. 29, 1948
I last saw her alive on Nov. 29, 1948, death is said to have occurred on the date stated above, at 6:53p. m.

Immediate cause of death — Duration
Bronchopneumonia — 4 days

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Date of
Of autopsy
What test confirmed diagnosis? Autopsy

Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Julius W. Fryer, M. D.
(Address) Hathorne, Mass. Date 11/30 1948

21 PLACE OF BURIAL, CREMATION OR REMOVAL St. Paul's Cem. Arlington
(Cemetery) (City or Town)
DATE OF BURIAL Dec. 2 1948

22 NAME OF FUNERAL DIRECTOR F. E. Flaherty
ADDRESS Somerville, Mass.

Received and filed 19
DEC 8 1948
(Registrar of City or Town where deceased resided)

I R-301 A

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-10-47-22153

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

230

TO BE FILED FOR BURIAL PERMIT WITH BOARD OF HEALTH OR ITS AGENT.

Registered No.

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town)

No. 106 Grand View Ave St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Sylvester J. O'Connor (If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran if so specify WAR) PHYSICIAN - IMPORTANT

(a) Residence. No. 106 Grand View Ave St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution (Before death) (Specify whether) years months days. In this community 6 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: Married

5a If married, widowed or divorced HUSBAND of Mary L. Doolan (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 75 years

7 IF STILLBORN, enter that fact here.

8 AGE 77 Years Months Days — If less than 1 day Hours Minutes

9 Usual Occupation: Retired

10 Industry or Business: Printer

11 Social Security No. 015--05--9590

12 BIRTHPLACE (City) South Boston (State or Country) Mass

PARENTS

13 NAME OF FATHER: Thomas O'Connor

14 BIRTHPLACE OF FATHER (City) (State or Country): Ireland

15 MAIDEN NAME OF MOTHER: Ann Doyle

16 BIRTHPLACE OF MOTHER (City) (State or Country): Ireland

17 Informant: Mary L. O'Connor (Relation, if any) Wife
(Address) 106 Grand View Ave

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter L. Makley
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 12/1/48 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov (Month) 29 (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from , 19, to , 19

I last saw h alive on , 19, death is said to have occurred on the date stated above, at 4.15 P.m.

Immediate cause of death: Coronary thrombosis

Duration

IMPORTANT

Due to: M. I. wound

Due to: Jurisdiction autopsy

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Date of

Of autopsy

What test confirmed diagnosis?

Physician IMPORTANT Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Charles F. Mahoney M. D.
(Address) Boston Health Date 11/30 1948

21 Winthrop Place of Burial, Cremation or Removal. Winthrop (City or Town)
DATE OF BURIAL Dec. 2 1948

22 NAME OF FUNERAL DIRECTOR John H. O'Malley
ADDRESS Winthrop

Received and Filed DEC 3 1948 19
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury,

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 231

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hosp. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Elizabeth Tassinari
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. No. 61 Chelsea St. St. East Boston
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) Hospital (Specify whether) years months 1 days. In this community 52 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female
4 COLOR OR RACE: white
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: widowed

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of John Tassinari
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 65 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: house work

10 Industry or Business: At home

11 Social Security No. none

12 BIRTHPLACE (City) (State or country) Italy

PARENTS

13 NAME OF FATHER John Campoli

14 BIRTHPLACE OF FATHER (City) (State or country) Italy

15 MAIDEN NAME OF MOTHER Mary (unknown)

16 BIRTHPLACE OF MOTHER (City) (State or country) Italy

17 Informant Mary Tassinari (Address) 61 Chelsea St. East Boston Relation, if any daughter

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter A. Baker Jr.
(Signature of Agent of Board of Health or other)
Health Officer 12/2/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov 30, 1948 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Nov 27, 1948, to Nov 30, 1948
I last saw h. alive on Nov 30, 1948, death is said to have occurred on the date stated above, at 1.05 p.m.

Immediate cause of death 1:55 p
Pulmonary Edema
Due to Carcinoma, Thoracic
Due to Acute Cardiac Decompensation
Hypertensive

Duration
IMPORTANT
Nov 30 1948
Nov 27 1948
Nov 27 1948

Other conditions
(Include pregnancy within 8 months of death)

Major findings:
Of operations
Date of
Of autopsy
What test confirmed diagnosis? Clinical Exam

IMPORTANT
Physician
Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [illegible] M. D.
(Address) [illegible] Date Nov 30 1948

21 Place of Burial, Cremation or Removal. Holy Cross Cemetery (City or Town) Malden
DATE OF BURIAL Dec. 3 - 1948 19

22 NAME OF FUNERAL DIRECTOR Vincent Rotondo
ADDRESS 9 Chelsea St. East Boston

Received and filed DEC 3 1948 19
(Registrar)

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

Note: It may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-(g)-1-45-15510

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a persou whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert iu the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 232

State of NEW HAMPSHIRE

1. PLACE OF DEATH:
(a) County Rockingham
(b) City or town Hampton (If outside city or town limits, write RURAL)
(c) Name of hospital or institution:
14 Towle Avenue (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ------- (Specify whether years, months or days)
In this community Five Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Massachusetts (b) County Suffolk
(c) City or town Winthrop (If outside city or town limits, write RURAL)
(d) Street No. 125 Sargent St. (If rural, give location)
(e) If foreign born, how long in U. S. A.? ------ years.

3. (a) FULL NAME Mary Jane Creighton
3. (b) If veteran, name war ----
3. (c) Social Security No. ------
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William Henry Creighton
6. (c) Age of husband or wife if alive ---- years
7. Birth date of deceased Sept. (Month) 3, (Day) 1865 (Year)

8. AGE: Years	Months	Days	If less than one day
83	0	1	-- hr. -- min.

9. Birthplace Milton (City, town, or county) N. S. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business ------
MOTHER FATHER
12. Name John Whittington
13. Birthplace Canada (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Dugan
15. Birthplace Nova Scotia (City, town, or county) (State or foreign country)

16. (a) Informant's own signature John Creighton
(b) Address Hampton, New Hampshire
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-7-48 (Month) (Day) (Year)
(c) Place; burial or cremation Winthrop Cemetery
Winthrop, Mass.
18. (a) Signature of funeral director Raymond Sturgis
(b) Address Hampton, New Hampshire
19. (a) 9-6-48 (Date received local registrar) (b) William Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month Sept. day 4
year 48 hour 11 minute 50
21. I hereby certify that I attended the deceased from June, 1948 to Sept. 4, 1948: that I last saw her alive on Sept. 4, 1948: and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	1 day
Broncho pneumonia	2 days
Due to	
Due to Code No. 83A	
107	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) ---
(b) Date of occurrence ------
(c) Where did injury occur? ------ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ------ (Specify type of place)
While at work? ---- (e) Means of injury ---
23. Signature Wayne P. Bryer (M. D. or other) M. D.
Address Hampton, New Hampshire Date signed 9-4-48

8-6917 U. S. GOVERNMENT PRINTING OFFICE 16—13493

DEC 21 1948

RECEIVED

DEC 20 1948 M

M R-302

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m-(b)-6-44-14607

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

BOSTON
(City or town making return)

233

Registered No. 9907

1 PLACE OF DEATH
SUFFOLK (County)
BOSTON (City or Town)
No. Boston City Hosp St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME David J. Kneeland (If U. S. War Veteran, specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 26 Pleasant St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ..... years months 4 days. In this community yrs. mos. 4 days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M
4 COLOR OR RACE: W
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Wid.

5a If married, widowed, or divorced
HUSBAND of Josephine Ryan
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 67 Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Chauffeur

10 Industry or Business: Newspaper Dely

11 Social Security No. 025-09-8409

12 BIRTHPLACE (City) (State or country) San Francisco Cal.

PARENTS

13 NAME OF FATHER --- Kneeland

14 BIRTHPLACE OF FATHER (City) (State or country) Cal.

15 MAIDEN NAME OF MOTHER ----

16 BIRTHPLACE OF MOTHER (City) (State or country) Cal.

17 Informant (Address) dau. (Relation, if any .....)

A TRUE COPY.
ATTEST: Michael J. Manning
(Registrar of city or town where death occurred)

DATE FILED 11/19/48 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov. 16, 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 11/12/48, 19..., to 11/16/48 19...
I last saw h... alive on ..., 19..., death is said to have occurred on the date stated above, at 3 05A m.

Immediate cause of death	Duration
Cerebral hemorrhage	4 da
Essential hypertension	20 Y
Due to	
Due to	

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations ..... Date of .....
Of autopsy
What test confirmed diagnosis? clin

Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) M W O'CONNELL, M. D.
(Address) BCH Date 11/16/48

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop-Winthrop
(Cemetery) (City or Town)
DATE OF BURIAL 11/19/48 19

22 NAME OF FUNERAL DIRECTOR J F O'Maley
ADDRESS Winthrop

Received and filed 19
DEC 11 1948
(Registrar of City or Town where deceased resided)

M R-302

resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m-(b)-6-44-14607

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

(City or town making return)

Registered No. 231

1 PLACE OF DEATH
County: Middlesex
City or Town: Concord
No. Emerson Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME ---------- Paone (If U. S. War Veteran, specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 38 Paine St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ..... years months days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED

5a If married, widowed, or divorced
HUSBAND of .....
(Give maiden name of wife in full)
(or) WIFE of .....
(Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here. Stillborn

8 AGE ....Years ....Months ....Days | If less than 1 day ....Hours ....Minutes

9 Usual Occupation: .....

10 Industry or Business: .....

11 Social Security No. .....

12 BIRTHPLACE (City) Concord,
(State or country) Mass.

PARENTS

13 NAME OF FATHER Ralph J. Paone

14 BIRTHPLACE OF FATHER (City) Revere,
(State or country) Mass.

15 MAIDEN NAME OF MOTHER Louisa Venti

16 BIRTHPLACE OF MOTHER (City) Concord,
(State or country) Mass.

17 Informant Ralph J. Paone (Relation, if any father)
(Address) 38 Paine St., Winthrop, Mass.

A TRUE COPY. Cornelia Lawrence
ATTEST: .....
(Registrar of city or town where death occurred)

DATE FILED November 27, 1948.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November (Month) 17, (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from ....., 19...., to Nov. 17, 1948.
I last saw him alive on Nov. 17, 1948, death is said to have occurred on the date stated above, at ------ m.

Immediate cause of death
Intra-uterine asphyxia
Due to Pressure on cord
Due to .....
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations .....
Date of .....
Of autopsy Intra-uterine asphyxia
What test confirmed diagnosis? Pulmonary atelectasis

Duration

Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Randolph Piper M. D.
(Address) Concord, Mass. Date Nov. 18, 1948

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross, Malden
(Cemetery) (City or Town)
DATE OF BURIAL November 19, 1948.

22 NAME OF FUNERAL DIRECTOR R. J. DeNeill
ADDRESS Revere, Mass.

Received and filed DEC 20 1948 19....
(Registrar of City or Town where deceased resided)

RECEIVED

DEC 20 1948 M

R-302

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

BOSTON (City or town making return)

Registered No. 1040 235

1 PLACE OF DEATH
SUFFOLK (County)
BOSTON (City or Town)
No. JEWISH MEM HOSP St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME BARNETT COHEN (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 35 SEAFOAM AVE St. WINTHROP MASS
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution HOSP years 1 months 26 days. In this community yrs. 1 mos. 26 days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M
4 COLOR OR RACE: W
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): WIDOWED

5a If married, widowed, or divorced HUSBAND of JUNE LEVY (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 74 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: OPERATOR RETIRED

10 Industry or Business: MEN'S VESTS

11 Social Security No. -------

12 BIRTHPLACE (City) POLAND (State or country)

PARENTS
13 NAME OF FATHER ABRAHAM COHEN
14 BIRTHPLACE OF FATHER (City) POLAND (State or country)
15 MAIDEN NAME OF MOTHER MOLLIE -------
16 BIRTHPLACE OF MOTHER (City) POLAND (State or country)

17 Informant ABRAHAM COHEN (Address) (Relation, if any SON)

A TRUE COPY.
ATTEST: (Registrar of city or town where death occurred)
DATE FILED 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH DEC 2, 1948 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from OCT 6, 1948, to DEC 2, 1948
I last saw him alive on DEC 2, 1948, death is said to have occurred on the date stated above, at 1:35P m.

Immediate cause of death	Duration
CEREBRAL VASCULAR ACCIDNET	
RECURRENT AND BRONCHOPNEUMONIA	3 DAYS
Due to GEN ARTERIO SCLEROSIS	YRS.
HYPERTENSION RT SIDED PARESIS	4 MOS
Due to LEFT HEMIPLEGIA	3 DAYS

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Date of
Of autopsy
What test confirmed diagnosis? CLINICAL

Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) DAVID GLUNTS, M. D.
(Address) FRANKLIN GARDENS Date DEC 2 19 48

21 PLACE OF BURIAL, CREMATION OR REMOVAL MAPLE HILL CEM PEABODY
(Cemetery) (City or Town)
DATE OF BURIAL DEC 3, 1948 19

22 NAME OF FUNERAL DIRECTOR B BIRNBACH
ADDRESS 10 WASHINGTON ST DOR

Received and filed DEC 6, 1948 19
(Registrar of City or Town where deceased resided)

25M-(I)-11-42 10746

Resided in another City or Town at the time of death should be made forthwith and transmitted on Form R-302 to the Clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

RECEIVED
WINTHROP
DEC 27 1943 AM

R-303-A

so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect

50m-(i)-1-45-15510

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or Its Agent.

Registered No. 236

1 PLACE OF DEATH: Suffolk (County); ~~Boston~~ Winthrop (City or Town); No. 23 Sturges St Winthrop St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Mary R. Wyman (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN—IMPORTANT (Was deceased a U. S. War Veteran, If so specify WAR)

(a) Residence. No. 23 Sturges St. Winthrop St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution ..... years months days. (Before death) (Specify whether) In this community 50 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: Single

5a If married, widowed, or divorced HUSBAND of ..... (Give maiden name of wife in full) (or) WIFE of ..... (Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 78 Years — Months — Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Retired office worker

10 Industry or Business: State House

11 Social Security No. none

12 BIRTHPLACE (City) Lynn (State or country) Mass

PARENTS

13 NAME OF FATHER: Ephriam Wyman

14 BIRTHPLACE OF FATHER (City) Not known (State or country) Nova Scotia

15 MAIDEN NAME OF MOTHER: Mary Tedford

16 BIRTHPLACE OF MOTHER (City) Not known (State or country) Nova Scotia

17 Informant Leslie O. Marden (Relation, if any ~~Nephew~~) (Address) West Boylston Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

Walter G Bagley (Signature of Agent of Board of Health or other)

H.O. (Official Designation) Dec 4/48 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: Dec - 3 - 1948 (Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Hypertensive Heart Disease:
Chronic Coronary Sclerosis:
Acute Cardiac Failure

20 Accident, suicide, or homicide (specify) .....

Date of occurrence 19

Where did Injury occur? ..... (City or town and State)

Did Injury occur in or about home, on farm, in industrial place, or in public place? ..... (Specify type of place)

Manner of Injury: found dead on floor of her lodgings

Nature of Injury: lodgings

While at work? — Was there an autopsy? no

21 Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John J. Bridder, M. D.

(Address) Boston Dec-3- 1948

22 Mount Feake Waltham, Mass. Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL December 6 1948

23 NAME OF FUNERAL DIRECTOR: William B. Leland

ADDRESS 592 Park ave, Worcester, Mass

Received and filed DEC 6 1948 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as be can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—General Laws, Chap. 38, Sec. 7.

. . . The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from diseases resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized diseases, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and *manner* thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause* its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

R-303-A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 237

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town) No. 194 Main St St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Emily Clarmont (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN—IMPORTANT (Was deceased a U. S. War Veteran, If so specify WAR)

(a) Residence, No. 194 Main St. St. Winthrop (If nonresident, give city or town and State)
(Usual place of abode)

Length of stay: In hospital or Institution ..... years ..... months ..... days. In this community 20 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of .....
(Give maiden name of wife in full)
(or) WIFE of Bernard Clermont
(Husband's name in full)

6 Age of husband or wife if alive ✓ years

7 IF STILLBORN, enter that fact here. ✓

8 AGE 90 Years ✓ Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Retired -

10 Industry or Business: At Home.

11 Social Security No. ✓

12 BIRTHPLACE (City) Belleville (State or country) Nova Scotia

PARENTS

13 NAME OF FATHER Serafhim Jacquard

14 BIRTHPLACE OF FATHER (City) ..... (State or country) France -

15 MAIDEN NAME OF MOTHER Madeleine Meuse.

16 BIRTHPLACE OF MOTHER (City) ..... (State or country) Nova Scotia

17 Informant Denis A Clermont (Relation, if any Son) (Address) 67 Newhall St. Malden

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter A. Baker
(Signature of Agent of Board of Health or other)

Health Officer 12/10/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December 8 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Arteriosclerotic heart disease
Fracture of spine

20 Accident, suicide, or homicide (specify) Accident
Date of occurrence 11-24 1948
Where did injury occur? Winthrop. (City or town and State)
Did injury occur in or about home, on farm, in industrial place, or in public place? At home (Specify type of place)
Manner of injury fell to floor
Nature of injury Fracture
While at work? ..... Was there an autopsy? No

21 Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Richard Ford, M. D.
(Address) Winthrop Date 12-9 1948

22 Holy Cross Cem. Malden -
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Sat. Dec. 11 1948

23 NAME OF FUNERAL DIRECTOR John J. Macdonald
ADDRESS 537 Pleasant St. Malden

Received and filed DEC 17 1948 19
(Registrar)

50m-(i)-1-45-15510

so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—General Laws, Chap. 38, Sec. 7.

. . . The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

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(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause* its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 233

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 108 Tafts Ave St. (If death occurred in a hospital or institution give its NAME instead of street and number)

2 FULL NAME Emma F. (West) Connors
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN-IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 108 Tafts Ave St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution years months days. In this community 4 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: Widowed

5a If married, widowed or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Patrick J Connors
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 73 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: housework

10 Industry or Business: at home

11 Social Security No. none

12 BIRTHPLACE (City) (State or Country) Charlestown Mass

PARENTS

13 NAME OF FATHER Andrew J. West

14 BIRTHPLACE OF FATHER (City) (State or Country) unknown

15 MAIDEN NAME OF MOTHER Mary S Mickels

16 BIRTHPLACE OF MOTHER (City) (State or Country) unknown

17 Informant (Address) Miss Ruth Connors (Daughter) (Relation if any)
108 Tafts Ave

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter A. Baker M.D.
(Signature of Agent of Board of Health or other)
Health Officer 12/9/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December (Month) 8 (Day) 1948 (Year)

1948 I HEREBY CERTIFY, That I attended deceased from December 2, 1948, to December 8, 1948
I last saw her alive on December 8, 1948, death is said to have occurred on the date stated above, at 12:20 P. m.

Immediate cause of death

	Duration
Acute Coronary thrombosis	2 hours
Due to Arteriosclerotic + hypertensive heart disease	1 year

Due to

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Date of Of autopsy none

What test confirmed diagnosis? Clinical + Laboratory

IMPORTANT

Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Irving Transstein, Jr. M. D.
(Address) 562 Shirley St, Winthrop Date 12/8 1948

21 Glenwood Everett
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Dec 11, 1948

22 NAME OF FUNERAL DIRECTOR Joseph Curnane
ADDRESS Everett Mass.

Received and Filed DEC 17 1948 19
(Registrar)

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-7-46-19068

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . .—General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 239

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town)

No. 15 Johnson Avenue St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Thomas Gerrard Hancock
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN-IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) NO.

(a) Residence. No. 15 Johnson Avenue St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ..... years months days. (Before death) (Specify whether)
In this community 25 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male
4 COLOR OR RACE: white
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: married

5a If married, widowed or divorced HUSBAND of Lilly Smart
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive 74 years

7 IF STILLBORN, enter that fact here.

8 AGE 74 Years 8 Months 23 Days | If less than 1 day Hours Minutes

9 Usual Occupation: retired retail milk dealer

10 Industry or Business: own business

11 Social Security No. none

12 BIRTHPLACE (City) Childer Thornton (State or Country) Eastham District, England

PARENTS

13 NAME OF FATHER: Thomas Hancock

14 BIRTHPLACE OF FATHER (City) (State or Country): England

15 MAIDEN NAME OF MOTHER: Emily Gerrard

16 BIRTHPLACE OF MOTHER (City) (State or Country): England

17 Informant Mrs. T.G.Hancock (Relationship, if any) wife
(Address) 15 Johnson Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter F. Baker M.D.
(Signature of Agent of Board of Health or other)

Health Officer 12/10/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December (Month) 8 (Day) 1948 (Year)

19 I, HEREBY CERTIFY, That I attended deceased from April 7, 1946, to Dec 8, 1948
I last saw h. alive on Dec 7, 1948, death is said to have occurred on the date stated above, at 1 P m.

Immediate cause of death — Duration
Coronary Thrombosis — IMPORTANT 3 days
Due to Hypertension — 2 yrs
Due to
Other conditions (include pregnancy within 3 months of death)
Major findings: Of operations
Date of
Of autopsy
What test confirmed diagnosis?

IMPORTANT Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Louis F. Salerno M. D.
(Address) 175 Pleasant St. Date Dec 9 1948

21 Winthrop Cemetery, Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL December 11, 1948

22 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop St. Winthrop

Received and Filed DEC 17 1948
(Registrar)

See instructions and extracts from the laws on back of certificate.
If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.
100M-10-47-22153

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

R-301 A

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-10-47-22153

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 240

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town)

No. 267 Washington Avenue St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Samuel Hardy Underwood
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN-IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) NO. SOLDIER before W.W.I.

(a) Residence. No. 267 Washington Avenue St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) (Specify whether) years months days. In this community 40 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: married

5a If married, widowed or divorced HUSBAND of Bernice Frances Kennedy (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 54 years

7 IF STILLBORN, enter that fact here.

8 AGE 64 Years 8 Months 8 Days; if less than 1 day Hours Minutes

9 Usual Occupation: civillian store keeper

10 Industry or Business: U.S. Army Engineer's Dept.

11 Social Security No. 028-20-8751

12 BIRTHPLACE (City) Logan County (State or Country) Arkansas

PARENTS

13 NAME OF FATHER: James Gideon Underwood

14 BIRTHPLACE OF FATHER (City) (State or Country): Arkansas

15 MAIDEN NAME OF MOTHER: Liza Allen

16 BIRTHPLACE OF MOTHER (City) (State or Country): Missouri

17 Informant Mrs. S.H. Underwood (Relation, if any) wife
(Address) 267 Washington Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter F. Bakeley
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 12/13/48 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December 11 1948 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from July 1946, 19..., to December 11, 1948

I last saw him alive on December 11, 1948 death is said to have occurred on the date stated above, at 8 30 A. m.

Immediate cause of death — Duration — IMPORTANT

Coronary thrombosis — 7 minutes

Due to: Coronary artery disease — 2 years

Due to: Generalized arterio sclerosis — 2 years

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations — Date of

Of autopsy

What test confirmed diagnosis? clinical

IMPORTANT Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Paul Ostrowski M. D.
(Address) 238 Sh. Drive Winthrop Date 12/13 19 48

21 Winthrop Cemetery, Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL December 14, 1948 19

22 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop St, Winthrop

Received and Filed DEC 17 1948 19
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE March 17 1906

DATE OF DISCHARGE March 16,1912

RANK, RATING Sargent

ORGANIZATION AND OUTFIT 152nd Coast Artillary Co.

SERVICE NUMBER

M R-301 A

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

00M-10-47-22153

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 241

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 135 Main St. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles D. Ginepra
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN-IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 135 Main St. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution ..... years ..... months ..... days. In this community 40 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: Married

5a If married, widowed or divorced HUSBAND of Lida Varney
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive 83 years

7 IF STILLBORN, enter that fact here.

8 AGE 88 Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Retired Shipper

10 Industry or Business: Furniture

11 Social Security No. 019--22--6722

12 BIRTHPLACE (City) (State or Country) Italy

PARENTS

13 NAME OF FATHER Morris Ginepra

14 BIRTHPLACE OF FATHER (City) (State or Country) Italy

15 MAIDEN NAME OF MOTHER Bridget Griecco

16 BIRTHPLACE OF MOTHER (City) (State or Country) Italy

17 Informant Lida Ginepra (Relation, if any) Wife
(Address) 135 Main St

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter F. Baker
(Signature of Agent of Board of Health or other)

Health Officer
(Official Designation)

12/14/48
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec. (Month) 13 (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 23, 1948, to Dec. 13, 1948

I last saw h. alive on Dec. 12, 1948, death is said to have occurred on the date stated above, at 7:45 a.m.

Immediate cause of death ..... Duration IMPORTANT
Carcinoma Lung — 3 weeks
Due to Carcinoma of Arch
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations ..... Date of
Of autopsy
What test confirmed diagnosis?

IMPORTANT Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Joseph Lagone M. D.
(Address) 326 Summer St. Bos. Date Dec. 13 1948

21 Calvary Boston
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Dec. 15 1948

22 NAME OF FUNERAL DIRECTOR John F. O'Malley
ADDRESS Winthrop

Received and Filed DEC 17 1948
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, in such case a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

2-301 A

extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-45-15510

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 242

1 PLACE OF DEATH (County) Suffolk (Corr) 1/10/49

(City or Town) Winthrop

No. Kirpatrick's Rest Home St. (If death occurred in a hospital or institution, give its NAME instead of street and number)
~~46 Washington Ave.~~

2 FULL NAME Mary Samson
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence, No. 4 James Avenue St. So. Boston
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) Rest Home (Specify whether) years 6 months days. In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Single

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 64 Years 8 Months 16 Days | If less than 1 day Hours Minutes

9 Usual Occupation: Retired housekeeper

10 Industry or Business: Own home

11 Social Security No. None

12 BIRTHPLACE (City) Boston
(State or country) Mass.

PARENTS

13 NAME OF FATHER Nathan Samson

14 BIRTHPLACE OF FATHER (City) Not known
(State or country) Russia

15 MAIDEN NAME OF MOTHER Mary Sullivan

16 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass.

17 Informant Henry Samson Relation, if any (Brother)
(Address) 4 James Ave. S. B.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter L. Baker M.D.
(Signature of Agent of Board of Health or other)

Health Officer 12/16/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec. (Month) 15 (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from September, 1948, to December 15, 1948

I last saw he alive on December 15, 1948, death is said to have occurred on the date stated above, at 1 30 A m.

Immediate cause of death — Duration
Generalized carcinomatosis — 6 mos
Due to
Carcinoma of breast — 1 year
Due to

Other conditions
(Include pregnancy within 3 months of death)

IMPORTANT Physician — Underline the cause to which death should be charged statistically.

Major findings: Operation at Mass. Gen. Hospital Date of February 47
Of operations
Of autopsy
What test confirmed diagnosis? Clinical

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) W. M. Wheeler M. D.
(Address) Rose Drive Winthrop Date 12/16 1948

21 Mt. Benedict Boston
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Dec. 17, 1948 19

22 NAME OF FUNERAL DIRECTOR Geo. V. Field & Son
ADDRESS South Boston

Received and filed DEC 17 1948 19
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

301 A

1

PLACE OF DEATH

1 Suffolk (County) Revised 1/10/49

Winthrop (City or Town)

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registrar's No. 243

PHYSICIAN—IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

2 FULL NAME John J. O'Brien
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 12 Charles Ave Revere St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution Hosp. years months 4 days. In this community 2 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE W

5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married

5a If married, widowed or divorced
HUSBAND of Ruth Farrelly
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive 57 years

7 IF STILLBORN, enter that fact here.

8 AGE 62 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: Retired

10 Industry or Business: Navy Yard

11 Social Security No. —

12 BIRTHPLACE (City) (State or country) Boston Mass

PARENTS

13 NAME OF FATHER Edward O'Brien

14 BIRTHPLACE OF FATHER (City) (State or country) Boston Mass

15 MAIDEN NAME OF MOTHER Mary Cleary

16 BIRTHPLACE OF MOTHER (City) (State or country) Boston Mass

17 Informant Ruth O'Brien (Relation, if any Wife)
(Address) 12 Charles Ave Revere

was filed with me BEFORE the burial or transit permit was issued:
I HEREBY CERTIFY that a satisfactory standard certificate of death

Walter H. Baker M.D.
(Signature of Agent of Board of Health or other)

Health Officer 12/20/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec (Month) 18 (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Dec 11, 1948, to Dec 18, 1948

I last saw him alive on Dec 18, 1948, death is said to have occurred on the date stated above, at 11.55 A M.

	Duration
Immediate cause of death Hypostatic Pneumonia	IMPORTANT 12 Hours
Due to Chronic Bronchiectasis	6 years
Due to Chronic Bronchitis	10 years
Other conditions Chronic Myocarditis (Include pregnancy within 3 months of death)	2 years IMPORTANT

Major findings: Of operations None Date of —
Of autopsy None
What test confirmed diagnosis? X. Ray

Physician Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased No.
If so, specify
(Signed) John F. Collins M.D., M. D.
(Address) Revere Mass Date Dec 20 1948

21 Gummdale Cemetery Lawrence
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Dec 21 1948

22 NAME OF FUNERAL DIRECTOR R. J. F. Neill
ADDRESS Revere

Received and filed 19
DEC 22 1948
(Registrar)

50m-(e)-3-43-11574

from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L., Chap. 46, Sec. 10, requires physicians to insert a recital to that effect.

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registrar's No. 241

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 49 Prospect Ave. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Matilda Domet Lovejoy
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN—IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 49 Prospect Ave. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution (Before death) years months days. (Specify whether) In this community 2 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: Single

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 90 Years 10 Months 22 Days | If less than 1 day Hours Minutes

9 Usual Occupation: At Home

10 Industry or Business:

11 Social Security No. None

12 BIRTHPLACE (City) (State or country) Charlestown Mass

PARENTS

13 NAME OF FATHER Joshua ~~Josephine~~ Lovejoy

14 BIRTHPLACE OF FATHER (City) (State or country) Andover Mass.

15 MAIDEN NAME OF MOTHER Matilda D. ---

16 BIRTHPLACE OF MOTHER (City) (State or country) Boston

17 Informant Josephine Abott Relation, if any (Niece)
(Address) 406 Bescon St. Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter F. Bakeys
(Signature of Agent of Board of Health or other)
Health Officer 12/21/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December (Month) 19 (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from September 1948, to December 19, 1948
I last saw her alive on Dec. 19, 1948, death is said to have occurred on the date stated above, at 4:30 P M.

	Duration IMPORTANT
Immediate cause of death: Congestive Heart Failure	2 days
Due to: Chronic Myocarditis	years
Due to: Generalized Arteriosclerosis	years
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations —— Date of ——
Of autopsy ——
What test confirmed diagnosis? clinical

IMPORTANT Physician Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Arthur E. Murray M. D.
(Address) Winthrop, Mass Date Dec 20 1948

21 West Parish Andover
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Dec. 22 1948

22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop Mass

Received and filed DEC 2 1948 19
(Registrar)

A TRUE COPY ATTEST:

100m-(1)-1-45-15-10

from the laws on back of certificate.
If deceased was a U. S. War Veteran, G. L. Chap. 48, Sec. 10, requires physicians to insert a recital to that effect.

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

M R-303-A

should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect

50m-(i)-1-45-15510

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or Its Agent.

Registered No. 245

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. 33 Crest Ave St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Anna L. Roberts (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN—IMPORTANT (Was deceased a U. S. War Veteran, If so specify WAR)

(a) Residence, No. 33 Crest Ave Winthrop St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution ..... years months days. (Before death) (Specify whether) In this community 30 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: Married

5a If married, widowed, or divorced HUSBAND of ..... (Give maiden name of wife in full) (or) WIFE of George A Roberts (Husband's name in full)

6 Age of husband or wife if alive 55 years

7 IF STILLBORN, enter that fact here.

8 AGE 49 Years 4 Months 1 Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Housewife

10 Industry or Business: Own Home

11 Social Security No. None

12 BIRTHPLACE (City) Chelsea (State or country) Mass

PARENTS

13 NAME OF FATHER: Donald J McNeil

14 BIRTHPLACE OF FATHER (City) ..... (State or country) Prince Edward Isle.

15 MAIDEN NAME OF MOTHER: Alice G Dinning

16 BIRTHPLACE OF MOTHER (City) Chelsea (State or country) Mass.

17 Informant: George A Roberts (Relation, if any: Husband) (Address) 33 Crest Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter G. Baker (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 12/7/48 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: Dec - 19 - 1948 (Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

General Peritonitis due to Thrombosis of Splenic Artery Cirrhosis of Liver

20 Accident, suicide, or homicide (specify) .....

Date of occurrence ..... 19 .....

Where did Injury occur? ..... (City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place? ..... (Specify type of place)

Manner of Injury: Found dead on her own bed

Nature of Injury .....

While at work? — Was there an autopsy? yes

21 Was disease or Injury in any way related to occupation of deceased? .....

If so, specify: .....

(Signed) Wm J. Buckley, M. D.

(Address) Boston Dec 19 1948

22 Place of Burial, Cremation or Removal: Winthrop (City or Town) Winthrop

DATE OF BURIAL: Dec. 22 1948

23 NAME OF FUNERAL DIRECTOR: Howard S Reynolds

ADDRESS: Winthrop Mass

Received and filed DEC 2 1948 19 .....

(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—General Laws, Chap. 38, Sec. 7.

. . . The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and *manner* thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause* its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

M R-301 A

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100M-10-47-22153

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent

Registered No. 246

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town)

No. 26 Circuit Road St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Jennie Elizabeth Wood
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN-IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 26 Circuit Road St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ..... years ..... months ..... days. (Before death) (Specify whether) In this community 35 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: Widowed

5a If married, widowed or divorced
HUSBAND of ..... (Give maiden name of wife in full)
(or) WIFE of Orin George Wood (Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 83 Years 3 Months 12 Days — If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: AT home

10 Industry or Business: .....

11 Social Security No. none

12 BIRTHPLACE (City) (State or Country) East Boston, Mass.

PARENTS

13 NAME OF FATHER George Mac Millin

14 BIRTHPLACE OF FATHER (City) (State or Country) Scotland

15 MAIDEN NAME OF MOTHER unable to obtain

16 BIRTHPLACE OF MOTHER (City) (State or Country) unable to obtain

17 Informant Mrs. Orion Fisher (Relation, if any) daughter
(Address) 26 Circuit Rd.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter G. Baker
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 12/24/48 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December (Month) 22 (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1948, to Dec. 22, 1948

I last saw h. alive on Dec. 22, 1948, death is said to have occurred on the date stated above, at 3:15 P.M.

Immediate cause of death — Duration (IMPORTANT)

Coronary Thrombosis — 1 day

Due to .....

Due to .....

Other conditions Chronic Myocarditis (Include pregnancy within 3 months of death) — 7 years

Major findings: Of operations ..... Date of .....

Of autopsy .....

What test confirmed diagnosis? .....

IMPORTANT Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Peter F. Salerno, M. D.
(Address) 175 Pleasant St. Date Dec. 23, 1948

21 Waltham Cem. — Waltham
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL December 24, 1948, 19

22 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS Winthrop

Received and Filed DEC 2 8 1948, 19
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

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(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

R-303-A

should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect

50m-(f)-6-43-12056

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 217

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. 148 Shore Drive St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Michael W Ray
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN—IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 148 Shore Drive Winthrop St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ..... years months days. In this community yrs. mos. 4 days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: Single

5a If married, widowed, or divorced
HUSBAND of .....
(Give maiden name of wife in full)
(or) WIFE of .....
(Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 1 Years 10 Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: —

10 Industry or Business: —

11 Social Security No. .....

12 BIRTHPLACE (City) (State or country): PORTSMOUTH VIRGINIA

PARENTS

13 NAME OF FATHER: WILBERN E RAY

14 BIRTHPLACE OF FATHER (City) (State or country): AKRON OHIO

15 MAIDEN NAME OF MOTHER: NELLIE KRAKOWIAK

16 BIRTHPLACE OF MOTHER (City) (State or country): BROOKLYN NEW YORK

17 Informant: WILBERN E RAY (Relative if any: Father)
(Address) 148 WINTHROP SHORE DRIVE

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter G. Walker
(Signature of Agent of Board of Health or other)
H. O. (Official Designation) Dec. 24 1948 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: December (Month) 23 (Day) 1948 (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
Meningococcus Bacteremia

20 Accident, suicide, or homicide (specify) .....
Date of occurrence ..... 19 .....
Where did injury occur? .....
(City or town and State)
Did injury occur in or about home, on farm, in industrial place, or in public place? .....
(Specify type of place)
Manner of injury: minor Contusion Rt. Frontal
Nature of injury
While at work? — Was there an autopsy? yes

21 Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Thos J. Buckley, M. D.
(Address) Boston Date 24 1948

22 WINTHROP WINTHROP
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL DEC 24 19 48

23 NAME OF FUNERAL DIRECTOR John F. O'Malley
ADDRESS Winthrop

Received and filed DEC 28 1948 19 .....
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;... —General Laws, Chap. 38, Sec. 6.

... He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—General Laws, Chap. 38, Sec. 7.

... The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and *manner* thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause* its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person) .....

.....

.....

.....

.....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—General Laws, Chap. 38, Sec. 14.

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

1 A

If deceased was a U. S. War Veteran, G. L., Chap. 46, Sec. 10, requires physicians to insert a recital to that effect.

50m-(e)-3-43-11574

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registrar's No. 248

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 68 Fremont St. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles William Davy
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN—IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 68 Fremont Street St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution ____ years ____ months ____ days. In this community 40 yrs. ____ mos. ____ days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: Married

5a If married, widowed, or divorced HUSBAND of Mary A Evans
(Give maiden name of wife in full)
(or) WIFE of ____
(Husband's name in full)

6 Age of husband or wife if alive 71 years

7 IF STILLBORN, enter that fact here.

8 AGE 76 Years 4 Months 5 Days | If less than 1 day ____ Hours ____ Minutes

9 Usual Occupation: Shoe Repair

10 Industry or Business: Own store

11 Social Security No. None

12 BIRTHPLACE (City) Portland
(State or country) Maine

PARENTS

13 NAME OF FATHER Charles Davy

14 BIRTHPLACE OF FATHER (City) ____
(State or country) Prince Edward Island

15 MAIDEN NAME OF MOTHER Margaret McLean

16 BIRTHPLACE OF MOTHER (City) ____
(State or country) Prince Edward Island

17 Informant Mary A Davy Wife Relation, if any ____
(Address) 68 Fremont St. Winthrop

was filed with me BEFORE the burial or transit permit was issued:
I HEREBY CERTIFY that a satisfactory standard certificate of death

Walter L. Parker
(Signature of Agent of Board of Health or other)

Health Officer 12/27/48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December 24 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from September 46 to December 24 1948
I last saw him alive on Dec. 24, 1948, death is said to have occurred on the date stated above, at 9:45 A.M.

Duration IMPORTANT

Immediate cause of death
Congestive Heart Failure — 7 days
Due to
Arteio-sclerotic heart disease — years
Due to

Other conditions —
(Include pregnancy within 3 months of death)

IMPORTANT

Major findings:
Of operations none
Date of —
Of autopsy none
What test confirmed diagnosis? clinical

Physician Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Arthur C. Murray, M. D.
(Address) Winthrop Mass Date Dec. 24 1948

21 Winthrop Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Dec. 27 1948

22 NAME OF FUNERAL DIRECTOR Howard Reynolds
ADDRESS Winthrop Mass

Received and filed Dec 2[illegible] 19____
(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

R-301 A

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m-(g)-1-45-15510

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 249

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town)

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Elizabeth May Belcher
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) NO.

(a) Residence. No. 230 Lincoln St. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) 5 hours (Specify whether) hospital years months days. In this community 35 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female
4 COLOR OR RACE: white
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Eldridge Foster Belcher
(Give maiden name of wife in full) (Husband's name in full)

6 Age of husband or wife if alive 50 years

7 IF STILLBORN, enter that fact here.

8 AGE 51 Years 4 Months 21 Days | If less than 1 day Hours Minutes

9 Usual Occupation: house wife

10 Industry or Business: own home

11 Social Security No. none

12 BIRTHPLACE (City) East Boston
(State or country) Mass.

PARENTS

13 NAME OF FATHER Otis Sweetland

14 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass.

15 MAIDEN NAME OF MOTHER Gretta Laura Kinnear

16 BIRTHPLACE OF MOTHER (City) Dorchester
(State or country) New Brunswick

17 Informant E. Foster Belcher (Relation, if any husband)
(Address) 230 Lincoln St, Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter F. Bailey
(Signature of Agent of Board of Health or other)

Health Officer — 12 30 48
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December (Month) 27 (Day) 1948 (Year)

19 I HEREBY CERTIFY, That I attended deceased from November 1, 1947, to December 27, 1948

I last saw he alive on December 27, 1948, death is said to have occurred on the date stated above, at 9¼ P. m.

	Duration
Immediate cause of death	IMPORTANT
Cerebral Hemorrhage - massive	5 hours
Due to Hypertension	3 years
Due to —	
Other conditions (include pregnancy withio 8 months of death) None	
Major findings: Of operations None	IMPORTANT
Date of	Physician
Of autopsy None	Underline the cause to which death should be charged statistically.
What test confirmed diagnosis? Clinical + Laboratory	

20 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Maurice Trauntter, Jr. M. D.
(Address) 562 Revere St. Winthrop Date Dec. 27 1948

21 Winthrop Cemetery, Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL December 30, 1948 19

22 NAME OF FUNERAL DIRECTOR Alfred B. Marsh
ADDRESS 174 Winthrop St, Winthrop

Received and filed JAN 3 - 1949 19
(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall fortbwitb, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by tbe physician or officer and tbe date of his death . . . Gen. Laws, Cbap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both thc primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include tbe China relief expedition and the Pbilippine insurrection, which sball, for said purposes, be deemed to have taken place betwecn February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen bundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or otber person shall bury or otherwise dispose of a buman body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no sucb board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to anotber in the same ccmetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, bis certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of bealth, or employed by it or by tbe selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make sucb certificate. If such a permit for the removal of a buman body, not previously interred, from one town to anotber within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make sucb removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in tbe usual form for the removal of such body has been sooner obtained hereunder. If the deatb certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of tbe dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of tbe same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until be has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no sucb board, from the clerk of the town where the body is to be buried or the funeral is to be beld, or from a person appointed to have the care of the cemetery or burial ground in whicb the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to sucb deaths only as those of persons wbo, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home wben the certificate of death is needed.

(2) **Board of Health physicians** will certify to sucb deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home wben the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of deatb means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing deatb, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—botel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

R-302

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-(e)-10-48-24658

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

(City or town making return) .....

Registered No. 250

VOID

1 PLACE OF DEATH

..... (County)

..... (City or Town)

No. ..... St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME DUPLICATE OF No. 256 .....
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR) .....

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH .....
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from ....., 19....., to....., 19.....

I last saw h.....alive on....., 19....., death is said to have occurred on the date stated above, at.....m.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) .....

ANTE CEDENT CAUSES Due To (b) .....

Due To (c) .....

OTHER SIGNIFICANT CONDITIONS .....

INTERVAL BETWEEN ONSET AND DEATH

Major findings:
Of operations.....

Date of operation.....Was autopsy performed?.....

What test confirmed diagnosis?.....

5 Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) ....., M. D.
(Address).....Date.....19.....

6 .....
Place of Burial or Cremation (City or Town)

DATE OF BURIAL.....19.....

7 NAME OF FUNERAL DIRECTOR.....

ADDRESS.....

Received and filed.....19.....

.....
(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX | 9 COLOR OR RACE | 10 SINGLE MARRIED WIDOWED or DIVORCED (write the word)

10a If married, widowed, or divorced
HUSBAND of.....
(Give maiden name of wife in full)

(or) WIFE of.....
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE.....Years.....Months.....Days | If under 24 hours .....Hours .....Minutes

13 Usual Occupation:.....
(Kind of work done during most of working life)

14 Industry or Business:.....

15 Social Security No.....

16 BIRTHPLACE (City).....
(State or country)

PARENTS

17 NAME OF FATHER

18 BIRTHPLACE OF FATHER (City).....
(State or country)

19 MAIDEN NAME OF MOTHER

20 BIRTHPLACE OF MOTHER (City).....
(State or country)

21 Informant.....
(Address)

A TRUE COPY.

ATTEST: .....
(Registrar of City or Town where death occurred)

DATE FILED .....19.....

MR-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 251

1 PLACE OF DEATH: Suffolk (County) Boston 1/10/49
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mrs Johanna C. Murphy
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) None

(a) Residence. No. 25 Neptune Rd. St. East Boston
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) Hospital (Specify whether) years months 5 days. In this community 67 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: Married

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Thomas Murphy (Husband's name in full)

6 Age of husband or wife if alive 91 years

7 IF STILLBORN, enter that fact here.

8 AGE 88 Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: At Home

10 Industry or Business:

11 Social Security No. None

12 BIRTHPLACE (City) Harbor Beach (State or country) N. H.

PARENTS

13 NAME OF FATHER Not Known Walsh

14 BIRTHPLACE OF FATHER (City) Harbor Beach (State or country) N. H.

15 MAIDEN NAME OF MOTHER Not Known Walsh (CK)

16 BIRTHPLACE OF MOTHER (City) Harbor Beach (State or country) N. H.

17 Informant Thomas F. Murphy (Address) 25 Neptune Road East Boston (Relation, if any)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Walter G. Baker
(Signature of Agent of Board of Health or other)
Ho. Agt. Dec. 31 1948
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec. 31, 1948 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1948, to Dec. 31, 1948, I last saw her alive on Dec. 30, 1948, death is said to have occurred on the date stated above, at 3:25 A. m.

Immediate cause of death	Duration
Hypostatic pneumonia	IMPORTANT 4 days
Due to Chronic Cardiac arteriosclerosis	2 yrs.
Due to	
Other conditions (Include pregnancy within 8 months of death)	IMPORTANT Physician Underline the cause to which death should be charged statistically.

Major findings: Of operations ..... Date of ..... Of autopsy ..... What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) James J. Higgins M. D.
(Address) 52 Pitts St. Boston Date 12/31 1948

21 Holy Cross Place of Burial, Cremation or Removal. Malden (City or Town)
DATE OF BURIAL Jan 3 1949

22 NAME OF FUNERAL DIRECTOR Frederick J. Magnotta
ADDRESS East Boston

Received and filed JAN 3 1949 19..... (Registrar)

If deceased was a U. S. War Veteran, Q. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

should be carefully compiled. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of fatal occupation is very important. See instructions on extracts from the laws on back of certificate.

100m-(g)-1-45-15510

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION _____

DATE OF ENTERING MILITARY SERVICE _____

DATE OF DISCHARGE _____

RANK, RATING _____

ORGANIZATION AND OUTFIT _____

SERVICE NUMBER _____

M R-305

WRITE PLAINLY WITH LINEADING BLACK INK — THIS IS A PERMANENT RECORD

Copies or returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m (h)-1-41-4667

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
COPY OF
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

BOSTON
(City or town making return)

Registered No. 11464 252

1 PLACE OF DEATH
(County) NORFOLK
(City or Town) BOSTON
No. Mass. Gen. Hosp St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Chester B. Hanson (If U. S. War Veteran, specify WAR)
(If deceased ie a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 104 Cliff St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution years months 3 days. In this community 15 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M
4 COLOR OR RACE: W
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Marr.

5a If married, widowed, or divorced
HUSBAND of Lillian Kerr
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive 56 years

7 IF STILLBORN, enter that fact here.

8 AGE 55 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: Sales eng.

10 Industry or Business: heating equipt.

11 Social Security No.

12 BIRTHPLACE (City) (State or country) Chelsea

PARENTS

13 NAME OF FATHER: Harry Hanson

14 BIRTHPLACE OF FATHER (City) (State or country): Norway

15 MAIDEN NAME OF MOTHER: Augusta Bengtson

16 BIRTHPLACE OF MOTHER (City) (State or country): Sweden

17 Informant (Address): wife (Relation, if any)

A TRUE COPY.
ATTEST: 12/29/48
(Registrar of city or town where death occurred)
DATE FILED 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec. 25/48
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
Flame burns of body and of arms
Old cerebral hemorrhage

20 Accident, suicide, or homicide (specify) accidental
Date of occurrence 12/23/48 19
Where did Injury occur? Winthrop
(City or town and State)
Did injury occur in or about the home, on farm, in industrial place, or in public place? about home
(Specify type of place)
Manner of Injury Clothing accidentally
Nature of Injury ignited at his home 12/23/48
While at work? Was there an autopsy? no

21 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W J Brickley, M. D.
(Address) Boston Date 12/25/48

22 Winthrop - Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL 12/28/48 19

23 NAME OF FUNERAL DIRECTOR M W Kirby
ADDRESS Winthrop

Received and filed JAN 22 1949 19
(Registrar of City or Town where deceased resided)

RECEIVED

JAN 22 1949 PM

RI R-302

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

BOSTON (City or town making return)

Registered No. 11323 253

1 PLACE OF DEATH
SUFFOLK (County)
BOSTON (City or Town)
No. MASS MEM HOSP St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME LEON P DUTCH (If U. S. War Veteran, specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(a) Residence. No. 88 CLIFF AVE St. WINTHROP MASS
(Usual place of abode) (If nonresident, give city or town and State)
Length of stay: In hospital or Institution HOSP years months 14 days. In this community 35 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M
4 COLOR OR RACE: W
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): MARRIED

5a If married, widowed, or divorced HUSBAND of MARY H HILL
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive 65 years

7 IF STILLBORN, enter that fact here.

8 AGE 70 Years 6 Months 0 Days | If less than 1 day Hours Minutes

9 Usual Occupation: EDITOR RETIRED

10 Industry or Business: TRADE PAPER

11 Social Security No. 028-10-0877A

12 BIRTHPLACE (City) (State or country) WALTHAM MASS

PARENTS
13 NAME OF FATHER FRANCIS M DUTCH
14 BIRTHPLACE OF FATHER (City) (State or country) SEARSPORT MAINE
15 MAIDEN NAME OF MOTHER ALMEDA OAKES
16 BIRTHPLACE OF MOTHER (City) (State or country) VERMONT

17 Informant MARY H DUTCH (Relation, if any WIFE)
(Address) WINTHROP

A TRUE COPY.
ATTEST: Michael J. Flaherty
(Registrar of city or town where death occurred)
DATE FILED 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH DEC 29, 1948 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from DEC 16, 1948, to DEC 29, 1948
I last saw him alive on DEC 29, 1948, death is said to have occurred on the date stated above, at 11:10A m.

Immediate cause of death CEREBRAL HEMORRHAGE — Duration 17 DAYS
Due to HYPERTENSIVE AND ARTERIO SCLEROTIC HEART DISEASE YRS
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations Date of
Of autopsy
What test confirmed diagnosis?

Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C A POWELL, M. D.
(Address) MASS MEM HOSP Date DEC 29 1948

21 PLACE OF BURIAL, CREMATION OR REMOVAL WOODLAWN CREM EVERETT
(Cemetery) (City or Town)
DATE OF BURIAL DEC 31 1948

22 NAME OF FUNERAL DIRECTOR H S REYNOLDS
ADDRESS WINTHROP

Received and filed ~~JAN 3~~ JAN 22 1949 19 49
(Registrar of City or Town where deceased resided)

25M-(1)-11-42 10746

RECORD
THE PLACE OF DEATH IS NOT THE PERMANENT
resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

RECEIVED
JAN 22 1949 PM

RI R-302

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

BOSTON
(City or town making return)

Registered No. 11318 251

1 PLACE OF DEATH
SUFFOLK (County)
BOSTON (City or Town)
No. THE INFANTS HOSP St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME JOHN F HARVEY (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 58 SOMERSET AVE St. WINTHROP MASS
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution HOSP years months days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M
4 COLOR OR RACE: W
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: SINGLE

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE Years Months 22 Days | If less than 1 day Hours Minutes

9 Usual Occupation:

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) (State or country) BOSTON MASS

PARENTS

13 NAME OF FATHER JOSEPH M HARVEY

14 BIRTHPLACE OF FATHER (City) (State or country) WINTHROP MASS

15 MAIDEN NAME OF MOTHER MARY M KELLEHER

16 BIRTHPLACE OF MOTHER (City) (State or country) E BOSTON

17 Informant J M HARVEY (Relation, if any FATHER)
(Address) WINTHROP

A TRUE COPY, ATTEST: Michael J. Flannery
(Registrar of city or town where death occurred)

DATE FILED 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH DEC 30, 1948
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from DEC 29, 1948, to DEC 30, 1948
I last saw him alive on DEC 30, 1948, death is said to have occurred on the date stated above, at 4:45P m.

Immediate cause of death	Duration
BRONCHO PNEUMONIA	6 DAYS
STAPHYLOCOCOUS AUREUS	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Date of
Of autopsy AS ABOVE
What test confirmed diagnosis?

Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C C WILLIAMS, M. D.
(Address) 300 LONGWOOD AVE Date DEC 30 1948

21 PLACE OF BURIAL, CREMATION OR REMOVAL HOLY CROSS CEM MALDEN
(Cemetery) (City or Town)
DATE OF BURIAL DEC 31 1948

22 NAME OF FUNERAL DIRECTOR J F O'MALEY
ADDRESS WINTHROP

Received and filed JAN 22 1949 JAN 3 1949
(Registrar of City or Town where deceased resided)

resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

25M-(f)-11-42 10746

RECEIVED

JAN 22 1949 PM

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

State of MAINE

State File No. _____
Registrar's No. 255

1. PLACE OF DEATH:
(a) County YORK
(b) City or town BIDDEFORD (If outside city or town limits, write RURAL)
(c) Name of hospital or institution: Trull Hosp. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days) In this community 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Mass (b) County Suffolk
(c) City or town Winthrop (If outside city or town limits, write RURAL)
(d) Street No. 65 Loring Rd. (If rural, give location)
(e) If foreign born, how long in U. S. A.? — years.

3. (a) FULL NAME Evelyn S. Henderson
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Henry W. Henderson
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased May 5 1899 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
49	4	27	— hr. — min.

9. Birthplace Revere Mass. (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business —
MOTHER FATHER
12. Name Charles F. Bates
13. Birthplace West Bath Maine (City, town, or county) (State or foreign country)
14. Maiden name Hattie
15. Birthplace West Bath Maine (City, town, or county) (State or foreign country)
16. (a) Informant's own signature Henry W. Henderson
(b) Address —
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 5 1948 (Month) (Day) (Year)
(c) Place; burial or cremation Winthrop, Mass.
18. (a) Signature of funeral director Dennett & Craig
(b) Address Saco, Maine
19. (a) Oct. 5 1948 (Date received local registrar) (b) Armand Duquette (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month Oct. day 2 year 1948 hour — minute —
21. I hereby certify that I attended the deceased from — , 19__, to — , 19__; that I last saw h__ alive on — , 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Fractured skull, internal injuries	24 hrs.
Due to Automobile accident	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy —

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work?
(e) Means of injury

23. Signature Laura B. Stickney (M. D. or other) M.D.
Address Saco, Maine Date signed —

PHYSICIAN

Underline the cause to which death should be charged statistically.

8-6917 U. S. GOVERNMENT PRINTING OFFICE 16—13493

MAR 2 1949

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

FORM APPROVED
Budget Bureau No. 41-R132-42

State File No. _____
Registrar's No. 256

State of NEW HAMPSHIRE

1. PLACE OF DEATH:
(a) County Merrimack
(b) City or town New London (If outside city or town limits, write RURAL)
(c) Name of hospital or institution: New London Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 hours (Specify whether years, months or days)
In this community 5 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mass. (b) County --
(c) City or town Winthrop (If outside city or town limits, write RURAL)
(d) Street No. 69 Undine Avenue (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) FULL NAME Paul Benson
3. (b) If veteran, name war -
3. (c) Social Security No. -
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Thelma West
6. (c) Age of husband or wife if alive 29 years
7. Birth date of deceased Sept. (Month) 4 (Day) 1912 (Year)

8. AGE: Years	Months	Days	If less than one day
36	3	25	hr. _____ min.

9. Birthplace Medford (City, town, or county) Mass. (State or foreign country)
10. Usual occupation Bookkeeper
11. Industry or business -

MOTHER / FATHER
12. Name Peter Benson
13. Birthplace _____ (City, town, or county) Sweden (State or foreign country)
14. Maiden name Sophie Pearson
15. Birthplace _____ (City, town, or county) Sweden (State or foreign country)

16. (a) Informant's own signature New London Hosp.
(b) Address New London, NH
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12/30/48 (Month) (Day) (Year)
(c) Place; burial or cremation Oak Grove Cemetery Medford, Mass.
18. (a) Signature of funeral director Pressey & Hale
(b) Address New London, NH
19. (a) 12/29/48 (Date received local registrar) (b) William F. Kidder (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month Dec. day 29th year 1948 hour 4 minute 40 am
21. I hereby certify that I attended the deceased from Dec. 26, 1948, to Dec. 29, 1948: that I last saw him alive on Dec. 29, 1948: and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis — Duration: sudden
Due to Lobar Pneumonia — 2 days
Virus
Due to Virus Cold
4 Weeks Ago
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations Code No. 108, 94A
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature Wm. P. Clough MD (M. D. or other)
Address New London, NH Date signed 12/29/48

8-6917 a U. S. GOVERNMENT PRINTING OFFICE 16—13493-1

MAR 2 1949

M R-302

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-(e)-10-48-24658

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

1 PLACE OF DEATH ..... (County) ..... (City or town making return)

..... (City or Town) Registered No. 257

No. ..... St. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME ..... (Was deceased a U. S. War Veteran, if so specify WAR) .....
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. ..... St. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MED ... PARTICULARS

3 DATE OF DEATH ..... (M ... NGLE ARRIED IDOWED DIVORCED (write the word)

4 I HEREBY C ... ne of wife in full)

..... ,

I last saw h.....a ... ame in full)

have occurred on the

DISEASE OR CONDI DIRECTLY LEADIN TO DEATH (a).....

If under 24 hours .....Hours.....Minutes

ANTE CEDENT CAUSES Due To (b) .....

Due To (c) .... ring most of working life)

OTHER SIGNIFICANT CONDITIONS .....

Major findings: Of operations.....

Date of operation.....

What test confirmed di ...

5 Was disease or injury ...
If so, specify.....
(Signed) .....
(Address) .....

6 .....
Place of Burial or ...

DATE OF BURIAL ...

7 NAME OF FUNERAL DIRECTOR.....

ADDRESS.....

Received and filed.....19.....

APR 12 1949
(Registrar of City or Town where deceased resided)

A TRUE COPY

ATTEST: .....
(Registrar of City or Town where death occurred)

DATE FILED .....19.....

State Board of Health
Bureau of Vital Statistics

NON RESIDENT

DEATH
FLORIDA

State File No. 25042
Registrar's No. 299.

1 PLACE OF DEATH:
(a) County Pinellas District No. 62
(b) Precinct (Write name, not number) Precinct No.
(c) City or Town Clearwater City or Town No. 62-12
(d) Name of hospital or institution Belmont
(If not in hospital or institution, write street number or location)
(e) Length of stay: In hospital or institution
At place of death 2 months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED
(a) State Massachusetts (b) County Suffolk
(c) City or Town Winthrop (If outside city or town limits, write RURAL)
(d) Street No. 89 Johnson Avenue (If rural, give location)
(e) Citizen of Foreign country? No (yes or no)
If yes, name country

3. FULL NAME OF DECEASED George McEwan

3 (a) If veteran, name war No
3 (b) Social Security No 025-18-788

4. Sex Male 5. Color or race White
6. Single, married, widowed or divorced Married
6 (a) If married, widowed or divorced, husband of (or) wife of Ethel Hartline McEwan
6 (b) Age of husband or wife, if alive 58 years
7. Birth date of deceased April 2, 1884 (month) (day) (year)

8. Age: Years	Months	Days	If less than one day
64	8	14	hrs. min

9. Birthplace England (City, town or county) (State or foreign country)
10. Usual occupation President
11. Industry or business Central Photo Engraving
12. Name George McEwan (Mother's father)
13. Birthplace Scotland
14. Maiden name Ross (Mother's father)
15. Birthplace Scotland
16. Informant's Signature G. H. McEwan
16 (a) Address 89 Johnson Ave., Winthrop, Mass.
17. Burial, cremation or removal Removal
17 (a) Date 12/16/49 17 (b) Place Winthrop, Mass.
18. Funeral Director's Signature [illegible]
18 (a) Address Clearwater, Florida
19. Filed [illegible] Local Registrar

MEDICAL CERTIFICATION
20. Date of Death: Month Dec. Day 16
Year 1949 Hour 16 Minute 15 P.M.
21. I hereby certify that I attended the deceased from Dec 16 1949 to Dec 16 1949 that I last saw him alive on Dec 16 1949; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Edema	8 days
Due to Myocarditis	Death
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: of operation (Give date of operation) of autopsy	

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) (Probably) Accident, suicide, homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature [illegible] M. D.
(a) Address Clearwater Fla Date Signed [illegible]